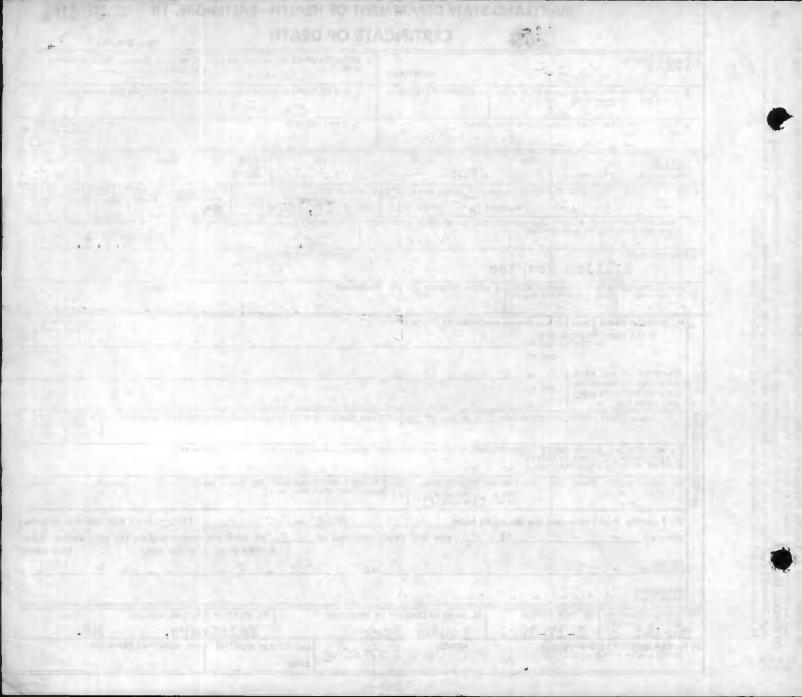
CERTIFICATE OF DEATH

_	203			Keg. DIST, NO.	
	PLACE OF DEATH BOOK MARYLAND	2. USUAL RESIDENCE (Who. STATE	b. COUNT		admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest/lown) H Lettings	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give neares	st town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4600 Lunden	d. STREET ADDRESS.	voin.		IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print) MARY Jane A	ALHEIT	4. DATE MOF DEATH Ja	anth Day	Year 19 5-9
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Days I	UNDER 24 HRS. Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) **Housewift** **Howard Homes of Work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. 8IRTHPLACE (Stole	or foreign country)	12. CITIZEN OF	WHAT COUNTRY
13.	FATHER'S NAME William Hoskins	14. MOTHER'S MAIDEN N	NAME		
		lu			
	s, no, or unknown) (If yes, give wor or dates of service)	my Thomps		10 Len	elen
7	Conditions, if any, which gove rise to immediate coese (a), stoting the under-lying couse last.		fis		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G		PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in f	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day Fear Hour a. m., p. m. 19 While at work DI work 20d. INJURY OCCURRED for for at work DI work DI work DI work DI work	ACE OF INJURY (Home, form tory, street, office bidg., etc.	20f. (City or town)	(County)	(State)
	21. I certify that I attended the deceased fram I Descalive an 12 gar, 1959, and that death ACTUAL SIGNATURE WILL IAM GOODMAN, NAME (Type) WILL IAM GOODMAN	occurred at 9152 M.D. 1334	A. Jan, 195 A.M. from the causes ADDRESS (Street, city or town		
١.	BURIAL, CREMATION, 22b. DATÉ THEREOF 22c. NAME OF CEMETERY OF		22d. LOCATION (City, town		(State)
-	FUNERAL DIRECTOR'S SIGNATURE Strong 3 ADDRESS WARD	1 0 1		GISTRAR'S SIGNATURE	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1S (4) 15M 9/SS



210

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ballimore County MARYLAND 2. USUAL RESIDENCE (Where decrosed lived, If institution: Residence before admission) o. STATE Many Land. COUNTY Baltimore				
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (Ill ophside corporate limits, write BURAL and g	ive nearest town)
0		I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1271 maple and	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF Charles First Rulalph a	Luasburger DEATH AM.	26 1959
	5. S	male. White WIDOWED DIVORCED	Fiel- 9 18871 last Aptitody) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS OR	Battimore md. 12. CITI	ZEN OF WHAT COUNTRY?
1	0	Ludwig L. augsburger.	Mary Hankey.	
/	1165	NAS DECEASED EVER IN U. S. ARMED FORCES? 10 SOCIAL SECURITY NO. 17. III	addie 2 augsburger 1271	maple gre
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OFFICE OF DEATH (C). OFFICE OF DEATH (C). OFFICE OF DEATH (C).	- Occlusion	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause last. DUE TO (b) Asterioscles (c)	otre Heart Disease	5 yrs
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MILL HYPER CA	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	- 1	20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 of work 19 of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, affice bldg., etc.)	ounty) (State)
		21. I certify that I attended the deceased from January and that death actual Bradley Daugharthy	accurred at 7:50 AM, from the causes and an the ADDRESS (Street, city or town, state)	ast saw the deceased e date stated abave. DATE SIGNED
1		PHYSICIAN'S NAME (Type)		1-27-5
1	220.	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BUTTOAL 1/29/59 Buttombel (Genelary north are	md (Stote)
	23. F	whose In c . 1328 Sulphus of	orng da Date 24. REGISTRAR 24b. REGISTRAR'S SIG	

funeral director, ofter death. Pogs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the haspital or attending physician.

O FUNERAL (** 108: After this certificate has Even signed by the attending physician and completely filled in by page 3 shauld at detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hauts after death. may be retained TO FUNERAL D VS A15 (4) 15M 10/57

. . . * r. The state of the s

tupos e laterate (CC) - reving to word extended anno 17 The state of the s EE IN MERCHANIST TO THE PROPERTY OF THE PARTY OF THE PART The state of the s Eller and a second Spirit It language A CONTROL AND CONTROL OF THE CONTRO

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

may be retained by the haspital ar attending physician.

TO FUNERAL DIR.

OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld interacted far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00198

CERTIFICATE OF DEATH 219

	. 10		Ke	g. DIST, NO.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution: R. nd b. COUNTY S	lesidence before admission) Omerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	A &	ulside corporate limits, write RURAI	L and give nearest town)
Fort Howard, Maryland		Rural, Wes	stover, 19	X-2
d. NAME OF HOSPITAL (If not in hospital, give streor INSTITUTION Veterans Administrati	Commercial Total	d. STREET ADDRESS RFD 1, Bo	x 170	e. IS RESIDENCE ON A FARM? YEST NO
3. NAME OF First DECEASED (Type or print) JOSHUA	Middle	BALLARD	4. DATE Month OF January	Day Yeor
		B. DATE OF BIRTH		INDER I YEAR IF UNDER 24 HRS
Male Negro wido	WED DIVORCED	December 9, 1	.894 last birthdoyl Mo	mihs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Farner	Farm -Self emplo			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John Ballard		Eliza W	Thite	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
Yes WW I	217-05-9823 C1	Lin. Pecords. V	let. Adm. Hosp. 1	Ft. Howard, Md.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoting the under. lying couse lost. CDPETATIONER SIGNIFICANT CONDITION 1-Bilateral Ureterostor 200, ACCIDENT WAS UNDERLYING 200, ACCIDENT WAS UNDERLYING 200, CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(1)			ONSET AND DEATH 3 MONTHS ** N PART HOLLIP WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. p. m. 19 of w	le Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (State
21. I certify that Vettended the decertification of the decertificat	XXXXXX and that death	occurred at 12:051	M, from the couses and ADDRESS (Street, city or town, store town,	on the date stated above
PHYSICIAN'S NAME (Type)	,	Chief, Su	rgical Service	
20. BURIAL CREMATION, REMOVAL (Specify) RUTTIAL	7 Cottage Grov		22d. LOCATION (City, lown, or con Westover, Mar	
23. FUNERAL DIRECTOR'S SCHATURE	ADDRESS	24o. REC'D	BY REGISTRAR 24b. REGISTRAL	R'S SIGNATURE
01 7 15 1 7 7 11.	- Manian Chati	DATE EE	1190 50 Cathe	2 8 ft

Feb. 17188

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNERAL DIFFICIR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should Leloched for use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 the registrar print to burial, cremotian, or removal, and in any event within 72 hour alter death. I

VS A15 (4) 15M 9755

		LAND	CERTIFICA				TIMORE, 1	Reg. Dist.	00193
1. PLACE OF DEATH	927 Crafton	Ave.	MARYLAND	2. USUAL RESP 0. STATE 1927	DENCE (WI	ton A	lived. If institution b. COUNTY.	oni Residence t	before admission)
RURAL and give r Ba	ltimore 22		c. LENGTH OF STAY IN 1b	53 B	altim	ore 2	rote limits, write Rt 2	JRAL end give	nearest fownj
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street o	oddress)	1927 Cr		Ave.	22		o, is residence on a farm? yes \(\) no \(\)
3. NAME OF DECEASED (Type or print)	Fii Jam	8	Middle A e	Barth	t	4. DATE OF DEATH	Jan . 25		Doy Year
5. SEX Male	6. COLOR OR RACE	7. MARR	DIVORCED DIVORCED	B. DATE OF BIRT			9. AGE (In years fast buthday) 57 yrs.	Months Da	EAR IF UNDER 24 HRS. 193 Hours Min.
10o. USUAL OCCUPATE during most of wor Retire	king life, even if refired	1	Standard Oil (- 4	or foreign co		12. CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME		3.4		14 MOTHER'S					
A MAR DECEMBER SW			Barth	1	arrie	Cook			
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	denica		nformant 's Sophi	ia L.	Barth :	1927 Craf		e. 22
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	_ /	o KON ARY	Oce	elu	sen			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to cause (a), stating lying cause lost.	immediate (1	75-C-U X	Hype	tus	er C	7-0-0		gyrs.
	The second secon		ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	GONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [7]
	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OFCURRE	D. (Enter noture o	f injury in I	Port 1 or Part	II of item 18.}		
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye 19	While of work	_ Not while _ for	ACE OF INJURY T	nome, form bldg., etc.	20f. (City	or town]	(Cour	nty] (Slote)
21. I certify	hat I attended the	decease	ed fram MARU. 9., and that death	accurred at	. 10 4-H	M, fram	1		t saw the decease
ACTUAL	mB	8	airs ms	M.D. 68	00	MORESS (SI	NING	in A	DATE SIGNE
PHYSICIAN'S NAME (Typo)	M. B. J	DAV	is M)	00	w	ur	· VY-	nd	
220. BURIAL, CREMATIC BEMOVAL (Specify BUTIAL)	Jen. 28,		22c. NAME OF CEMETERY O			22d LOCAT	ION (City, town, o		(Stote)
23. DINERAL DIRECTOR	'S SIGNATURE	land	ADDRESS 2024 Orleans	st.31		2 7 150		TRAR'S SIGNA	NTURE

negative and postured that with models and the state of the . IT CTELL CO. TINL State Terms I Street LOUI, I work Transaction of the latest and the and the state of t SECTION OF THE PROPERTY OF A STANDED AND ADDRESS OF THE STANDS OF THE ST TO SELECT THE PROPERTY OF THE PARTY OF THE P M= 100 1 M and the Annual Control of the state of the s



ADDRESS

-	THE OF BEAT	DAL	IIIIOKL,	10	002	U1
CA	TE OF DEAT	H		Reg. Dis	t. No.	
NIO	2. USUAL RESIDENCE (W		b. COUNT			i ssion)
Ъ	54ESSE	-	orate limits, write	RURAL and g	ive nearest to	iwn)
	. d. STREET ADDRESS		SEX.	5D 6	7711 ON	ESIDENCE A FARM?
19/	MMARTNE 1	4. DATE OF DEATH		onth W	Day 7	Year
	DATE OF BIRTH	٤٠,	9. AGE (In year lost birthday)	Months	1 YEAR IF UN Days Hau	IDER 24 HRS
	TRY 11. BIRTHPLACE (Stote	or foreign c			ZEN OF WH	AT COUNTRY
-	BALTE.	NAME .				
	MAR	<u> </u>	?			
	FORMANT GLIX BHIL	MICH R		96 /.	1206	txxh
C	OBSTRU	c7/6	N		INTERVAL ONSET AN	BETWEEN ID DEATH
NO	MA PAN				2	M.
BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PART	PER	S AUTOPSY FORMED?
JRRED	. (Enter nature of injury in	Part I ar Por	t II of item 18.)		-	
e. PLA fact	CE OF INJURY IHome, for ary, street, affice bldg., et	n, 20f. (Cit)	or town)	(C	ounty)	(State)
3	, 19 <i>59</i> , ta accurred at .4		7, 19 <u>5</u> n the causes			
	10 2108	ADDRESS (S	treet, city or town		1/	PATE SIGNED 20/59
_	Ball	ine	ه کی	MJ		
- 1	CREMATORY	22d LOCA	TION (City, town,	or county)	(5)	late)
800	201721	1.5.2	CIT C	A ,	2	and.

24a, REC'D BY REGISTRAR

DATE JAN 21

246 REGISTRAR'S SIGNATURE

" 7 S. Haus

VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

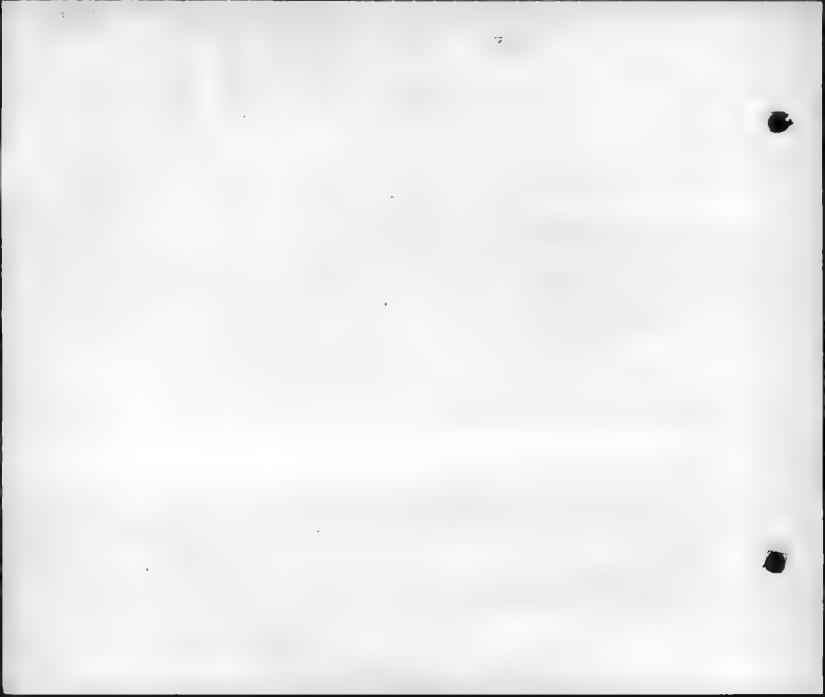


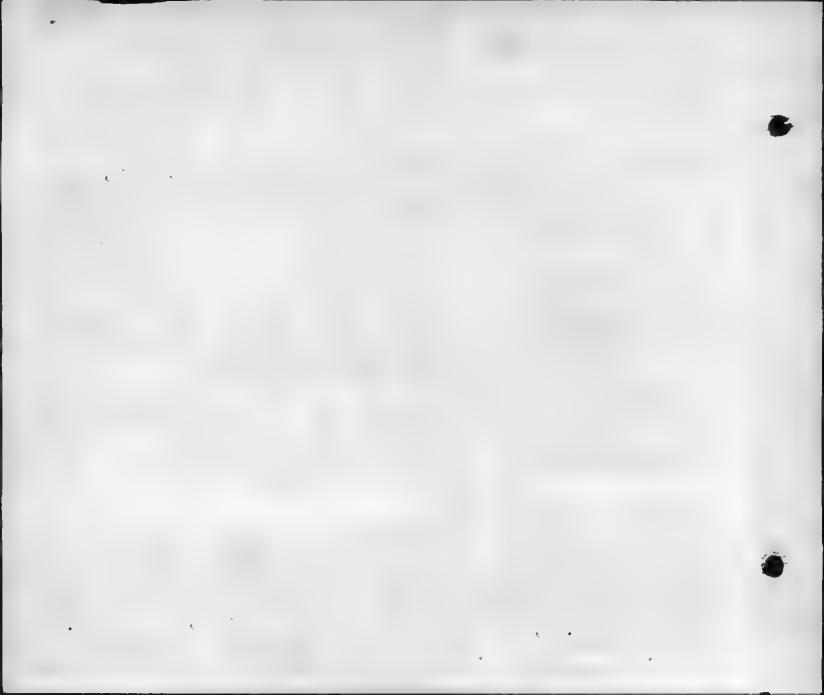
VS A15 (4) 15M 10/57 00202

222 CERTIFICATE OF DEATH

Rea. Dist. No.

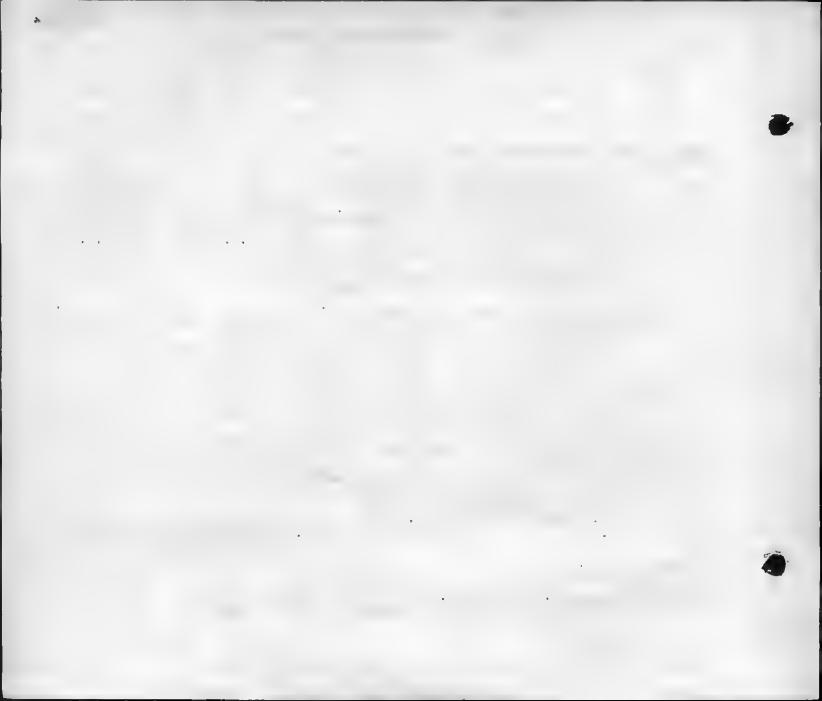
	_			
	1, 1	PLACE OF DEATH 5. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If natitution: Residence o. STATE COUNTY 2	e before admiss on)
		b C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (Houtside corporate limits, write RURAL and g	UT7-171CX
	C	RURAL and give nearest town) (EVA)GS (WLLS)	BACTIMORE SY	, re treatest totting
		d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e IS RES-DENCE
1	K	OSEWOOD STATE TRAINING SCHOOL	2823 The Alemeda	YES NO
		NAME OF DECEASED [Type or print] Ellen Patricla.	Brall 4. DATE Month OF DEATH AMONTH	Day Year 10 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1.		Doys Hours Min
	10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITI	ZEN OF WHAT COUNTRY
-		NONE -	MARYLAND	U.S.A.
_ `	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L		Momas Nelson Beall	Hannah Brown	
	/15 [Ye:	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. II	NFORMANT Address	
		110	Korwood Records	
		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1 DEATH WAS CAUSED BY:		INTERVAL BETWEEN
		IMMEDIATE CAUSE (0) Treast Failile		2 nic
		410 X DUE TO	// //	2
		Conditions, if ony, which gave rise to immediate (b) Methal sterios	us & insufficiently	,
		couse (a), stating the under lying couse last.	est Disease.	14 yre ±
	NO:	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19 WAS AUTOPSY
,	ICAT	Conqueita Sprotic Parapley.	a c mental affectively	PERFORMED?
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING (1 1/206, DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part I ar Part II of item 18.)	
	MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (City, street, office bldg., etc.)	ounty) (State)
	MED	Haur a m. While Not while fac p. m. 19 at wark at wark	ory, street, diffice blog., etc.,	
		21. I certify that I attended the deceased from July	1 1951, to Jan 10, 1959 that I l	ost sow the deceased
		alive on AA 10 , 19 67, and that death	occurred ollaids AM, from the couses and on the	
		N = 0	ADDRESS (Street, city or town, state)	DATE SIGNED
		SIGNATURE (SULL KEIN VALUE)	no. January 10,1	959
	ļ	PHYSICIAN'S Olive Reid Harris	m.D.	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF	CREMATORY 22d LOCATION (City, fawn, or county)	(State)
		Buria) Van 13/939 13altimor	e Cem. Baltimore	Md
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	1/	leverale sixtemes by 1 I get to it	DATE	4 -





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 224 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY o STATE Maryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Towson Rural d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION STREET ADDRESS IS RESIDENCE ON A FARM? OH. Glenarm Road Glenarm Road YES 🔼 NO 🗌 NAME OF Middle Loui 4. DATE Month Year DEATH (Type or print) Sister Mary Annella Binsack January 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9, AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Hours DIVORCED [WIDOWED | Oct. 6, 1881 Female 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teacher U.S.A. Rochester. N.Y. corbon 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank Binsack Anna Welker Poul 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Sister ... Peter Fourier Notch Cliff. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cancer of uterus vrs. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cours lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS ALTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c TIME OF INJURY Month 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg, etc.) Heur o. m Not while at work at work 21. I certify that Lattended the deceased from Oct. 3rd., 1958, to January, 1959, that I last saw the deceased and that death occurred at 12.20A M, from the causes and on the date stated above. alive on Jan. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 7501 York Road Towson 4. Md. RAL DI FUNERAL I PHYSICIAN'S NAME (Type) O' Donnell Charles F. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) (Stote) TOWSOW MY 0 246. REGISTRAR'S SIGNATURE # & Thrush

death.



CERTIFICATE OF DEATH

			443	CEKI	IFICA	TIE OF L	/GAIN			Reg. Dist	No.	
	PLACE OF DEATH o. COUNTY	Balt	тоге	MAR	YLAND	2. USUAL RESID	Mary	re deceased to	ived If instituti b. COUNTY		timon	
	BURAL and give r	(If outside corporational)	e limits, writa	c LENGTH OF STAT	IN 16	CITY OR 1	Parki	rside corporol	e limits, write R	URAL and gl	ve nearest to	wn)
	d. NAME OF HOSPI OR INSTITUTION			er Road		d. STREET A	44.4	dover	Road		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Senia	First	Middle		Box		4. DATE OF DEATH		ary 2		Yeor 19 5?
L	sex Lemale	o color or a	WIDOWI		£0 🗆	Aug. 2,	188	5	AGE (In years lost birthday) 70 yrs.	Months I	YEAR IF UN Days Hour	_
	How	ON (Give kind of riking life, eyan if n	work done 10b. etired)	KIND OF BUSINESS	OR INDUS	Yugo	slav	r foreign cour	nirý)	17 CITIZ	U.S.	AT COUNTRY?
L	Coya	Klashno	~			14 MOTHER'S	MAIDEN NA		dasova			
	WAS DECEASED EV		FORCES? 16.	SOCIAL SECURITY NO		rs. Rot	ert.	S. Lou	ve,		same	
		ATH WAS CAUSED IMMEDIATE CAU	BY:	ce for (a). (b) and (c)	,	her-	×1.	7			INTERVAL ONSET AN	D DEATH
	Cenditions, if a	innediate	(b)	Cestro	. l.	et al le	e tra si	2 % %				
N N	lying cause lost. PART II. OT		(c)CONDITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	IAL DISEASE (ONDITION GIV	EN IN PART		
CERTIFICATION	200 ACCIDENT W	AS UNDERLYING	20b. DES	TRIBE HOW INJURY O	OCCURRED	(Enter nature o	f injury in Po	ort I of Port 1	of item 18.)	······		ORMED?
	OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU	MEDICAL EXAMI	VER)	NJURY OCCURRED	20m Pt A	CE OF INJURY (Home form	201 (03)	. Annual	<i>(5.</i>	ounly)	(State)
MEDICAL	Heur e, m, p m,		19 While of wor	Not while	faci	ory, street, office	bldg., etc.)					
	21. I certify to alive an	hat I attended	the decease 3ν , 19ν	ond tha		occurred at	5100 A	M, fram	the causes of	and on the	e dote sto	
	PHYSICIAN'S NAME (Type)	S. EL	liott f	larris .		~ .		2, Ma	ryland			
	REMOVAL (Specify	1/2	13/59	Parke	,	CREMATORY Cemete	ry	Ba	City, town,	e. Ma	rulan	ole)
23	FUNERAL DIRECTOR		5205	ADDRESS /	Road	1 4111		BY REGISTRA		STRAR'S SIGI	NATURE	

TO HOSPITAL OF ATTENDITY.

To FUNERAL D. A Methospital or ottending physicion.

TO FUNERAL D. OR: After this certificate has been signed by the ottending physicion and completely filled in by Juneral director.

To FUNERAL D. OR: After this certificate has been signed by the ottending physicion and completely filled in by Juneral director. Pages 3 should a detached for use as the buriol-transit permit. Then please registrar prior to burial, crematian, or removal, and in any event within A hour after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death; Page 4 VS A15 (4) 15M 9/S5

177

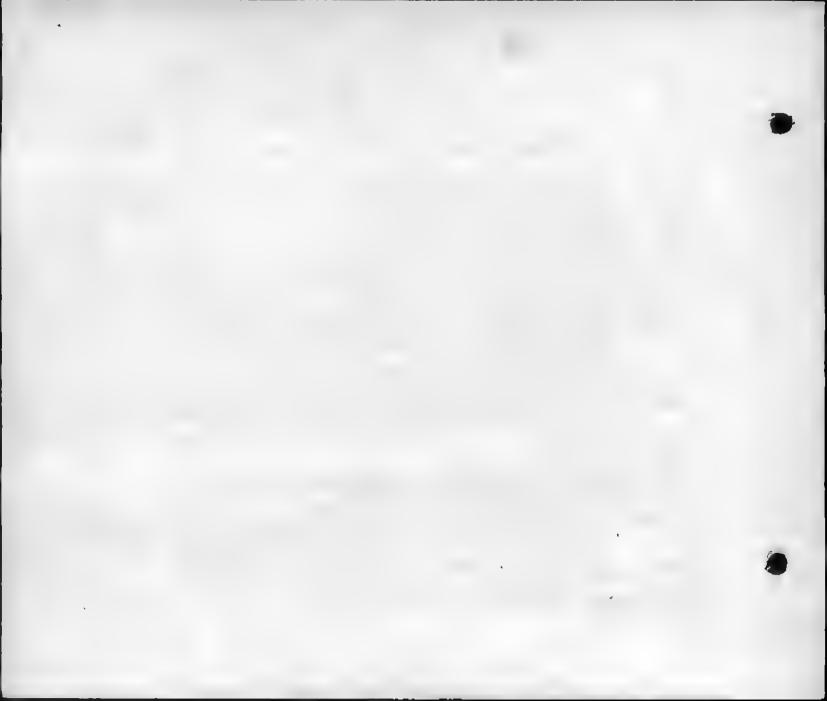
1



Circles S. Krays

	226	CERTIFICA	ATE OF DEATH	,	Reg. Dist. No.
1	PLACE OF DEATH COUNTY L'Estimore	MARYLAND	2 USUAL RESIDENCE (Where	e deceased lived If institution b COUNTY	Res dence before admiss on)
	b. CITY OR TOWN (If outside corparate imits, write RURAL and give hearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (H out)	s de corporate limits, write RUR	RAL and give nearest town)
	d NAME OF HOSPITAL III not in hospitot give street of ORINSTITUTION	Heme_	o street address	applan St g	ON A FARM? YES NO X
3	NAME OF DECEASED (Type or pr ni) MINCRUP	Leah Z	BOLLING-ER	I. DATE Month OF DEATH	3c Day Yeor 1959
5.	SEX 6. COLOR OR RACE 7. MARRI	DIVORCED	B DATE OF BIRTH 4/16/1873		F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10	o USUAL OCCUPATION (Give kind of work done 106 to during most of working life, even if retired)	2/	STRY 11 BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTR
13	FATHER'S NAME Cli St. t.		14. MOTHER'S MAIDEN NAI		umiller.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 : es. no ecusionemn) [(I yes. give war or dates of service)	SOCIAL SECURITY NO 17	Murman Ballin	1/24.	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 7 3 3 X DUE TO	e for (a), (b), and (c)]	of Spins +	Relirs	INTERVAL BETWEEN ONSET AND DEATH
-	Canditians, if ony, which gove rise to immediate cause (a), stoling the underlying couse lost. (c)	yenosyn	<i>3370</i>		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS &	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	N IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING 206 DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Por	I I or Part II of Item IB)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d IN While at work	_ Not while _	ACE OF INJURY (Home, farm, actory, street, office bidg., etc.)	20f (City or town)	(County) (State)
	21. 1 certify that 1 attended the decease alive on 130 190 ACTUAL SIGNATURE C. PHYSICIAN'S 110 PAGE 150 PAGE 1	and from 12-23			that I last saw the deceased on the date stated above to DATE SIGN
72	o BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C	DR CREMATORY 2	2d LOCATION (C ty. John, or	county) ((State)
23	FUNERAL DIRECTOR'S SIGNATURE COLLEGE	(ADDRESS) (7a, 24a, REC'D	BY REGISTRAR 246 REGISTI	RAR'S SIGNATURE

VS A15 (4) 15M P/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



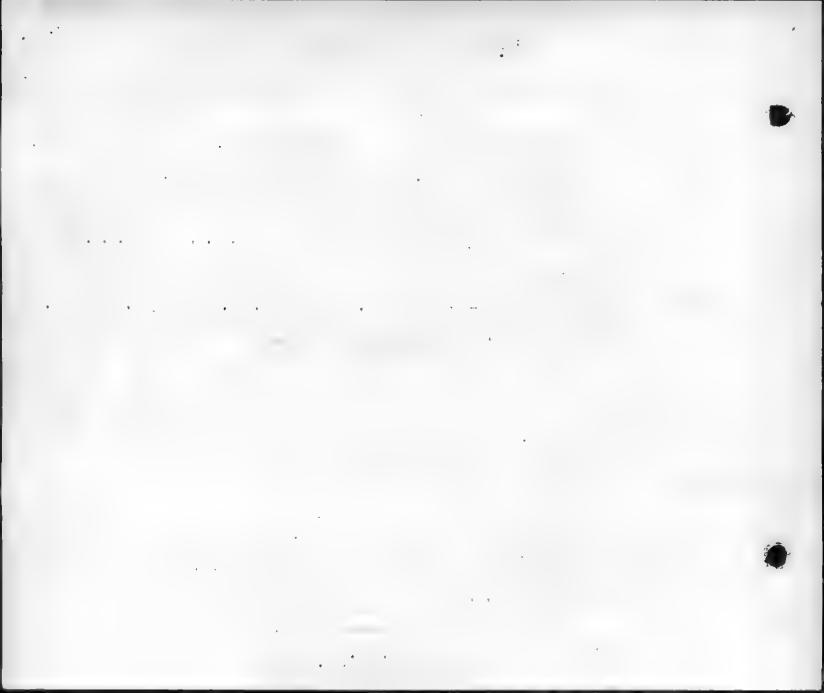
CERTIFICATE OF DEATH 200

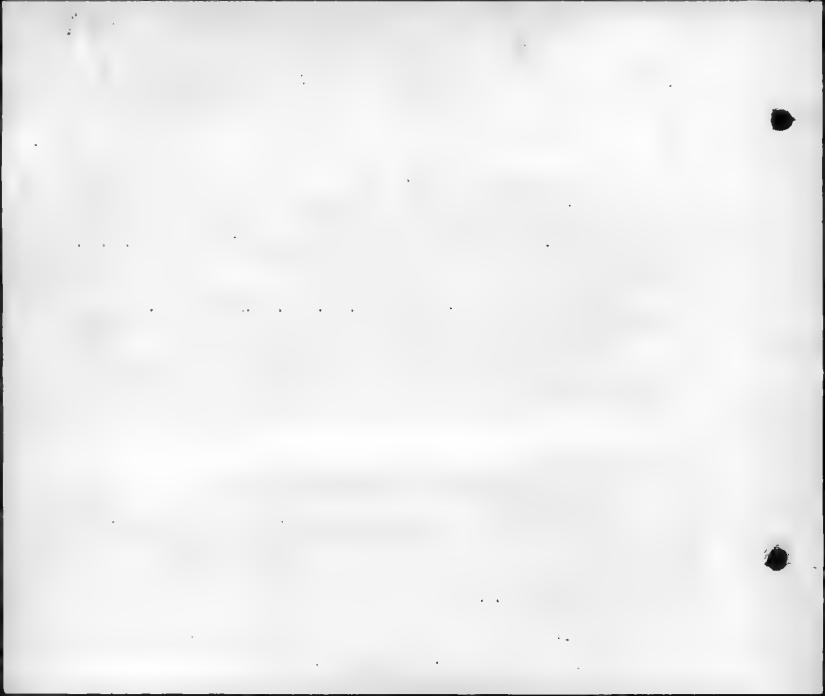
	243	CERTIFICA	AIL OI DEATH		Reg. Dist. No.
	1 PLACE OF DEATH				on: Residence before admiss on)
	Baltimore	MARYLAND	o. STATE Marylan	nd 6 COUNTY	
}	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporate I m ts, wr te R	JRAL and give nearest town)
	Fort Howard	2 days	Baltime	ore ?	V.); +
	d NAME OF HOSP TAL (If not in hospital give street or INSTITUTION	oddress)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
	Veterans Administration	Mospital.	5209 Norwo	ood Avenue	YES NO X
	3 NAME OF First	Middle	≥os†	4. DATE Mon	
	(Type or print) EDWARD	E.	BOWLING	DEATH January	17
	5. SEX 6 COLOR OR RACE 7 MARR	RIED IN NEVER MARRIED .	B DATE OF BIRTH	9. AGE (In years lost birthday)	F JNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	Male White WIDOWE		10/21/93	65 yrs	
	10a USLA. OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	r fore gn country)	12 CITIZEN OF WHAT COUNTRY
		nny Scale Busi		gton, D.C.	U.S.A.
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
-	Ernest Bowling		Emma Mi		
,	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOC AL SECURITY NO	INFORMANT	Addi	ress
	Yes WWI 21	.8-22-4809 Cli	in Records, Vet	s.Adm.Hospital	L.Ft.Howard,Md.
_	18 CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c)-]			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE (o) C	EREBRAL HELIORE	HAGE PONTINE		6 Days
	DUE TO				
	Conditions, if ony, which) (b)				
	gove rise to immediate DUE TO				
	lying couse lost. (c)				<u></u>
	BRONCHO-PNEUMONIA AOR	ONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	ALD SEASE CONDITION GIV	VEN N PART 1(0) 19 WAS AUTOPSY PERFORMED?
	BRONCHO-PNEUMONIA, AOR	TIC ANEURYSM A	BDOMINAL		YES O NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of mury in Po	ort Lor Port II of item 18)	
		`			
	1 2 1	£.	ACE OF INJURY (Home form, ctory, street, office bldg , etc.)	20f (City or town)	(County) (State
	While of world wor	k of work	, , , , , , , , , , , , , , , , , , , ,		
	21. I certify that X attended the decease	ed from January	8 , 1959 , toJan	uary 10 1959	
	religare e e e e e e e e e e e e e e e e e e	~			
	(1) -11/			NDDRESS (Street, city or town,	
1	SIGNATURE CHE US		M.D. VAH, FORT	HOWADD, MARYL	AND 1/11/59
	PHYSICIAN'S				
	NAME (Type) CHIEN WEI LAN, M.	D.	VAH, FORT	HOWARD, MARYL	AND
	720 BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY C	OR CREMATORY	22d, LOCATION (City, fown,	or county) (Stote)
	Burial 1-14-59	Baltimore N	ational Cem.	Baltimore	e, Maryland
i	23 TINERALDIRECTOR & SIGNATURE WILLIAMS		W		STRAR'S SIGNATURE
	Ellsowrth Armacost Funeral	Chapel Bits	DATE JAI	1 4 4 159 Ch	ithur S. Thank

TO FUNERAL DIRE.

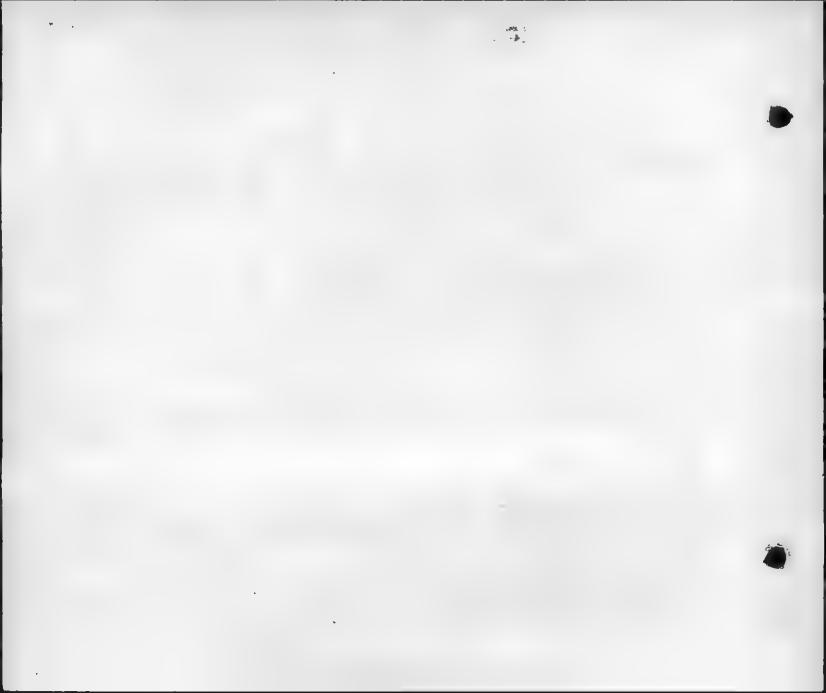
R. After this certificate has been signed by the attending physician and completely filled in by the stretcar, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon pages 1 and 2 shauld be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/58





11 07		MARYLAND STATE DEPARTMENT OF H	EALTH-BALTIMORE, 18	3 20040
为加发		211 CERTIFICATE OF D	EATH	Reg. Dist. No.
Glirecto Williams		PLACE OF DEATH COUNTY AACTO MARYLAND 2 USUAL RESIL	DENCE (Where deceased lived. If institution b COUNTY)	Residence before admission)
be f		KUKAL and give nearestyrown)	OWN (If outside corporate limits, write RUI	RAL and give nearest town)
should a	-	BALTO . 14964 AVD S d NAME OF HOSPITAL (It not in hospital, give street address) d. STREET AI	LTO HIGHLA	NDS
in by if and 2 s	2	GOY MICHIGAN AVE. 29	09 MICHIBA	ON A FARMS VES NO NO
ed c	1	NAME OF DECEASED (Type or print) FMMA BAAT BAAT	4. DATE OF DEATH JAN	9 19 59
within Stely fill Pages	5.	The state of the s		Months Doys Hours Min
cample papers.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPU	ACE (State or fareign country)	12 CITIZEN OF WHAT COUNTRY
ě pap	L	during most of working life, even if retired)	² D	UZH
a significant	13.		WENOW N	
physic physic howy		WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT	Addres	"10
death ce itending please re vithin 72	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		TBOUE.
otter of ple otter		PART I. DEATH WAS CAUSED BY: CARCWOMA UTERUS		INTERVAL SETWEEN ONSET AND DEATH
by the ty The		/ / LL X DUE TO		
jned l		Conditions, if any, which (b) (b) gave rise to immediate couse (a), stating the under DUE TO		
cian. cian. snsir ond	z	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE VEGILIAL ASSESSES CONTRIBUTION OF THE	
physical phy	STIG	TAN III OTTER SOUTHERN CONDITIONS CONTINUED TO DEATH SUT NOT RELETED TO	THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
AN: Tanding cate he bur ren	CERTIFICATION	20a ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of IF EITHER, NOTIFY MEDICAL EXAMINER)	injury in Part I or Part II of item 18.)	
r offe certifice os thion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20m. PLACE OF INJURY (H	dome, form, 20f. (City or lawn)	(County) (State)
or this for us creme	ME	p. m. 19 of wark of work		
FINDIN R: Affe Cached buriof,			10 1919, 8:2-14 M, from the couses on	that I last saw the deceased
2		ACTUAL WALLS O	ADDRESS (Street, city or town, ste	
onico Did bu prior		SIGNATURE M.D.	OO WILKENS	AVE
HOSPITAL O by be retain FUNERAL DI age 3 should be registrar pi	20-	The state of the s	BALTO. 23, MD	•
HOY E	220	BURIAL PREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d LOCATION (City, lawn, or RA), +1 W	county) (State)
VS A15 (4)	23.	PUNEEN DIRECTOR'S SIGNATURE ADDRESS 130 E. FORT		RAR'S SIGNATURE
15M 10/57	L	Bable 30 Md.	DATE	

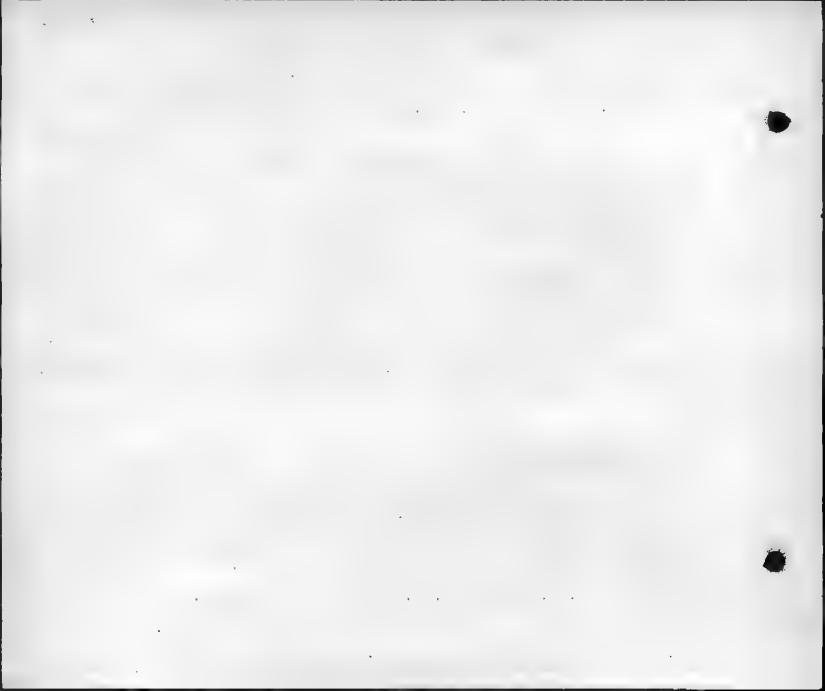


		230	CERTIFICA	ATE OF D	EATH			Reg. Dist.	No.	- 4
	1. PLACE O a. COUN	Baltimore	MARYLAND		Md.	ere deceased lived, b	If institution	Balt	before odm	ission)
	Rei	OR TOWN (If outside corporate limits, write and give nearest town) Sterstown	c. LENGTH OF STAY IN 16			utside corporate lim	its, write RI	URAL and giv	re nearest to	wn)
	d NAME OR IN	OF HOSPITAL (If not in hospital, give street STITUTION Dover Road	address)	Dove:		ad			ON	A FARM?
	3. NAME O DECEASE (Type or	print) Carnola F		thuhn (os)		4. DATE OF DEATH JS	m.5,		Day	Year
	Fema.		RIED NEVER MARRIED DIVORCED	May 9,	1919	9. AGE lost 39	(In years birthday) yrs.	Months D	YEAR IF UN	
	Hou	OCCUPATION (Give kind of work done 10b. nost of working life, even if refired)	KIND OF BUSINESS OR INDU	Nor	th Ca	arolina		12. CITIZ	U.S.	AT COUNTR
		arles H. Havnaer		14. MOTHER'S Hedd:						
	15. WAS DE	CEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Phomas	N.Bro	thuhn, F	Addr		wn,M	i.
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) GE	and the second s	rcinoma	tosi	3			ONSET AN	D DEATH
	Condi	tions, if ony, which rise to immediate a), stoling the under-cause lost.	rcinoma left	breast					21/2	yrs.
}	CAT	PART II OTHER SIGNIFICANT CONDITIONS 101	ne					EN IN PART I	PERF	S AUTOPSY FORMED?
		ER NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of	injury in Pr	ort I or Part II of it	em 18.)			
		our o. m. While		ACE OF INJURY (F ctory, street, office PONE	lome, form, bldg., etc.)	20f. [City or town	n)	(Co	inty)	(State)
		certify that I attended the decease on 13-59 , 19	ed from 7-16-5		8:30/		causes a	nd on the	date sta	
,	ACTUAL SIGNAT	URE D. D. Cap	is	м.р. 6 На						1-6-5
	PHYSICI NAME (Type) D. D. Cap	Les, M. D.			town, Mc				do
		CREMATION, 25 DATE THEREOF AL (Specify) Jan. 8, 1959	Pleasant			22d LOCATION IC			(St	ote)
	23. FUNERAL	DIRECTOR'S SIGNATURE .Eline & Sons.Rei	ADDRESS			BY REGISTRAR	24b REGIS	TRAR'S SIGN	ATURE	-

uneral director, and be filed with may be retained by the haspital or attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld detached for use as the burial-transit permit. Then pleass remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, are remarked, and in any event within 72 hays after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH

00212 Reg. Dist. No.

14

N

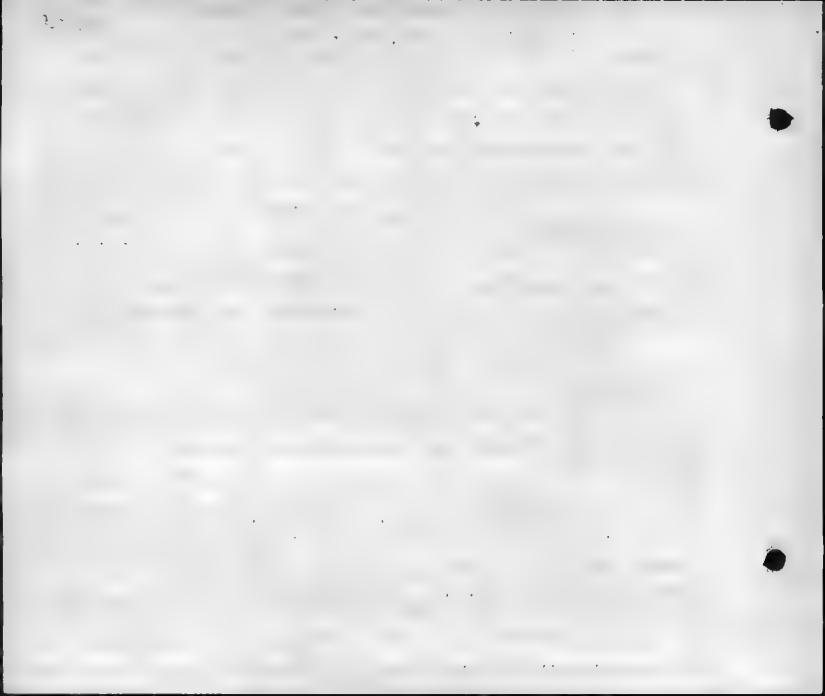
nerol director, the hospital or ottending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the diached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 sharp burial, cremation, or remaval, and in any event within 72 frouts after death. TO FUNERAL DIRECTOR PAGE 3 should be the registror prior by

VS A15 (4)

TE HOSPIAL OR MITHEIN PHYSICIAN: The lon squires that the limit certificate by exempted within 24 ham after death. Page

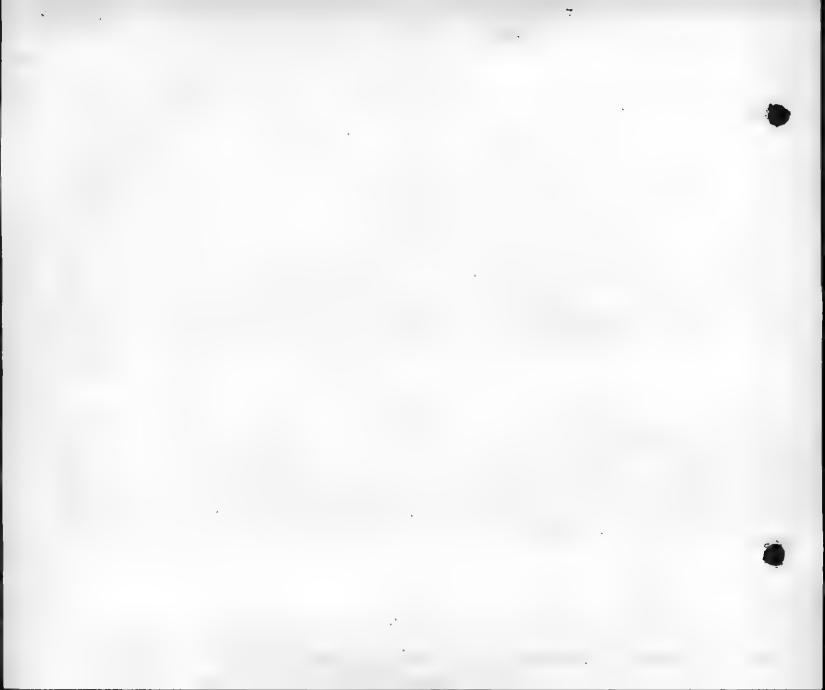
l.	o. COUNTY B	altimore		N	SARYLAND	a. STATE	Mary)		b. COUNTY		icione ad	mission)
Г	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside carporate limits, write RURAL and give neares) town)						
L	Catonsvi	52 Catensville										
Г	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET ADDRESS o. IS RESIDENCE ON A FARM?					
SPR NG GROVE STATE HOSPITAL						/ 403 Glengore Avenue YES NO						
3.	NAME OF DECEASED	Fi	rst	Middle		Lo	Lost 4. DATE A				Doy	Year
L	(Type or print)	Sad.		Ingal		Brook	ε	DEATH	Januai	ry 13		19 59
5.	SEX	6. COLOR OR RACE 7. MARR			ARRIED	B. DATE OF BIRT			AGE (In years Lost birthday)			NDER 24 HRS.
L	fimale	white	WIDOW	NAME OF TAXABLE PARTY.	PRCED -	January 1, 1060 94. ym						wrs Min,
100	during most of work	N (Give kind of work inc life, even if retired	dona 10b.	KIND OF BUSINE	SS OR INDU	JSTRY 11. BIRTHP	LACE (State	or foreign cour	ntry)	12. CITIZ	ZEN OF W	HAT COUNTR
	housevife					Alabama				U. S. A.		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME								
	William '	Waldo				Fanniee Higgins						
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17.	INFORMANT			Addi	ress.		
	unknown			Unka own	R	ecords:	SPRII	IG GRO	VE STA	Н	521 La	L
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine for (a), (b), and	(c)-]							L BETWEEN
	PART 1. DEATH WAS CAUSED 89: Arteriosclerotic cardiovascular disease											ND DEATH
	4221 DUE TO											
	Conditions, if ony, which } Generalized arteriosclarosis, severe											
	gave rise to immediate cause (a), stating the under-											
	lying couse last. (c)											
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:											
Ĕ	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part 1 or Part 11 of item 18.)											
MEDICAL	Hour a. p. m.	Month, Day, Ye	While at war		_ { fo	ictory, street, affic	a bldg., etc.	.) 201 (City of	r tawn)	(Ca	iunly)	(State)
	21. I certify that I attended the deceased from Sept. 8, 19 58, ta Jen. 13 , 1959 that I last saw the deceased											
	alive on Jan. 13 , 19 59 , and that death occurred at 11:000M, from the causes and an the date stated above											
	ADDRESS (Street, city or town, state) DATE SIGNI											
	SIGNATURE SICILA Wachsley MD SPRITE GROVE STILE HOS ITAL 1-13-5											-13-59
	Association (1 9 % p.) a gr T											
L	NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland											
226. BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF C. tholin C ae								22d. LOCATIO	N (City, town, e		{	Stale)
200	REAL PROFESSIONS	11-14-59			- 0 :	песэгу		robi.) ik.ii. it.		
25.	FUNERAL DIRECTOR'S		7 67 -	ADDRESS				D BY REGISTRA	1	TRAR'S SIGN		
	1 1 00.	.c, Inc.,	1217	/ St. P .	al Sti	rt	DATE IA	N 1 5 '59	Cal	my 2. 1	Travel	



I

ARYLAND !	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18		00213
232	CERTIFICATE OF DEATH		Disa	

*	Keg. D	IST, INO.
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived finistitution Reside	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and	a ve nearest town)
RURAL and give recrest town 1	1 - 1 - 1 - 1 - 1	,
OR INSTITUTION OR INSTITUTION	316 WORTHWIND ROA	B IS RESIDENCE ON A FARM? YES NO SX
3. NAME OF First Middle	Last 4. DATE Month	
(Type or print) Nellie H.	Brookhart DEATH Jan	30 1959
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years F JNDE NOB 29 1873 85 yrs YS 7	Doys Hours Min
100 USUA_OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI- during most of working life even if reliced)	USTRY 11. BIRTHPLACE (State or foreign country) 12.CIT	TZEN OF WHAT COUNTRY?
HOUSE WIFE OWN HOME	Scotland Co. Missouri	7.5.A.
The mas Wesley Noble	Sarah Jane Cate	4/
15 WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO (If yes, gave war or dates of service, WONE	INFORMANT HALTER C, BERGER	10W50N
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: Dranghy Brue	mmi	6 days
491X DUE TO		
Conditions, if ony, which) (b)		
gove rise to immediate couse (a), stating the under-		
lying couse lost. (c)		
PART II OTHER S.GN F. CANT CONDIT ONS CONTRIBUTING TO DEATH B. Seneralized arterio selessis	T NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PAI	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I
200. ACCIDENT WAS SINDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port 1 or Port (Lof Item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town)	County) (Stote)
Hour o.m. p m. 19 While Nol while ol work ol work	octory, street, office bldg., etc.)	
21 I certify that I attended the deceased from May 2	7 , 1957 , to knownt , 19 , that I lo	ast saw the deceased
alive on Jan 22 1957, and that deat	h occurred at 6:47 AM, from the causes and on th	
C Q R 1	ADDRESS (Street, city or fowe, state)	DATE SIGNED
ACTUAL CONER C Drown fr.	M.D. 1101 11- Calvert 31-2	Jan 30, 59
PHYSICIAN'S NAME (Type)		
220. BLR AL, CREMATION, 226 PATE THEREOF 220 NAME OF CEMETERY		(Stote)
-KEMATTON 113013 / OKEENMOU	INT CEHETEY DALTIMORE	MO.
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SE	GNATURE
John Julio Lono Journ	7, Md DATE FEP 2 '59 1 1 1 8	. Trava



0	0	2	1	4
-				

IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Orchard 1

(County)

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO V

> > (Stole)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO TO

Year

19

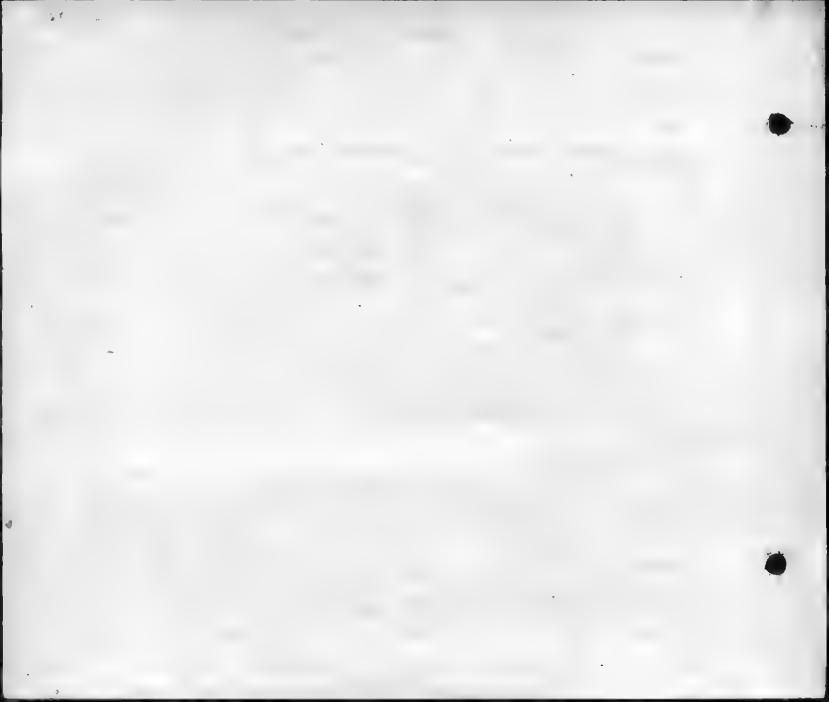
Min.

Rea, Dist. No.

Months

director. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest-town); d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Orchard Avenue chard 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) anuaru 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH poper 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) puo Baltimore. Piler 13. FATHER'S NAME physicion Wiesbec 17 INFORMANT 5. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Marie Shank 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ģ Cornere correct -Canditians, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year Hour a.m. factory, street, office bldg., etc.) While Not while of work of work 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at ... M, fram the causes and on the date stated above. ö ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE RAL DI should PHYSICIAN'S tirsch NAME (Type) 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE 246, REGISTRAR'S SIGNATURE 94a, REC'D BY REGISTRAR JAN 2 0 '59 Cothur & Frank Har√ord Road #14 DATE

deoth. Page requires that the O FUNERAL F VS A15 (4)

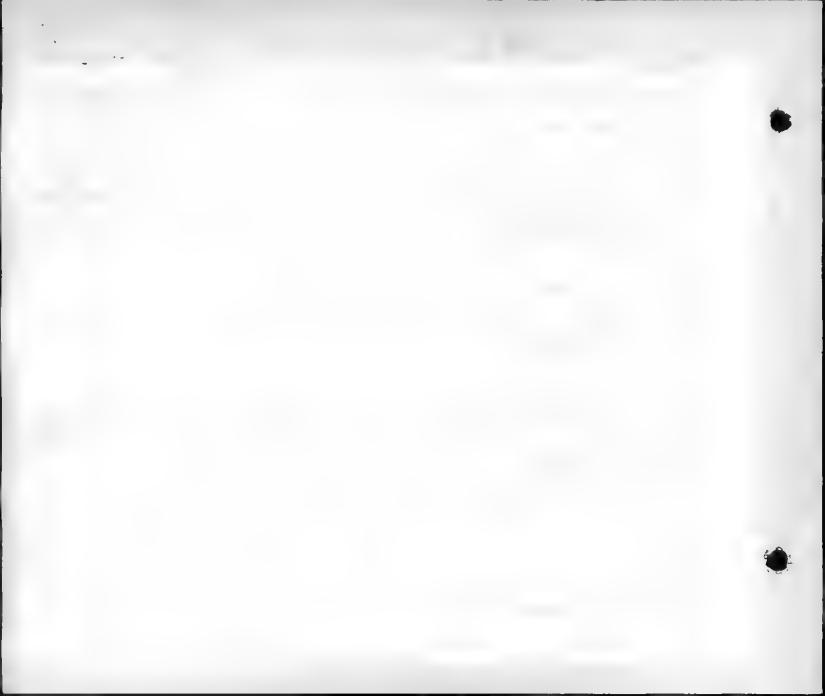


TO HOSPITAL OR ATTENDING MIYSICIAM: The fam requires that the death certificate be executed within 21 haurs after leath. Page 4
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the registrar priar ta burial, crematian, or remayal, and in any event within 72 hayp-arts (death.

5943 14			Ke-	g, Dist. 140.
1. PLACE OF DEATH o. COUNTY	AA A BAN A AND	II p. STATE	ere deceased lived. If institution R	esidence before admission)
Baltimore	MARYLAND	Maryla	and	Prince George v
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres! town)	c. LENGTH OF STAY IN 16	II	utside corporate limits, write RURAL	h 2
Catonsville	7mths9dys		r Road - Hyattsv:	ille, Md. /
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	oddress}	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HOSP	TTAL	4402 Taylor	r Road	YES NO
3. NAME OF First DECEASED (Type or print) George	Middle Hundral	Bursey	4. DATE Month Of DEATH Januar	Day Year 28 19 59
5 SEX 6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFU	NDER TYEAR IF UNDER 24 HRS
male white WIDOWE	D DIVORCED 🔀	July 1, 187	76 last birthday) Ma	nths Days Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU			2 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Waterplant		Virginia		U . S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Unknown		Unkr	107-00	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Unknown (14 yes, give wor or dotes of service)	ikn own Re	ecords: SPRIN	IG GROVE STATE	HOSPITAT.
18. CAUSE OF DEATH [Enter only one cause per lin		JOOTAGE DITTE	O CHIONA DIME	INTERVAL BETWEEN
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gave rise to immediate (e cardiac rai	Tare		
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				N PART MOLETY WAS AUTOPSY
ATIO				PERFORMED? YES TO NO DO
200 ACCIDENT WAS UNDERLYING [] 206. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	art for Part II of item 18)	1.00 100
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS		•		
3 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. th Haur a. m. 19 of wark	tags assist	ctory, street, affice bldg., etc.		, ,
	2	19 58 to 1	Jan . 28 10 59 th	at I last saw the deceased
21. I certify that I attended the decease alive an Jan 28 19			PM, from the causes and	at I last saw the deceased
direction and the second	A		LAM, from the causes and a ADDRESS (Street, city or town, state)	
ACTUAL CITTO 4) GI	chr le			FITAL 1-29-59
SIGNATURE		M.D		
PHYSICIAN'S Stella Wachsler	, M. D.	Catonsvil	le 28, Maryland	
220 BURIAL, CREMATION, 226. DATE THEREOF REMOVALY Specify) 2. 11. JJ	220 NAME OF CEMETERY O	al Salural	22d. LOCATION (City, tawn, or call	unity) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 246. REGISTRAL	1 0 5
		DATE	1000	Full S. Thaus







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TTENBINE PHYBICIAN: The law equires that the death certificate be exeruted with

After this certificate has been signed by buriol, cremotion, ar remayal, and in any ached for use as the burial-transit

the attending physician and completely filled in Then please remove carbon papers. Pages 1 and event within 72 hours, affer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			237	CERTIFIC	CATE OF	DEATH	1		Reg. D	ist. No.	0 (7 (2 - 5
1. PLACE OF D		ltimore		MARYLAN	o STATE	yland	era decease	d lived If institution b. COUN		nce before	odmission)
		outside corporate lim	its, write	c. LENGTH OF STAY IN 1			ulside corpo	orate limits, write	RURAL and	give near	est town)
and a	onsvi				B _m 1	t1more		A	Voi.	4	
d. NAME OF	HOSPITA	L [If not in haspital, j	give street o	ddress)		ADDRESS					IS RESIDENCE
		n the Pine	9.5		283	4 Mary	land .	Ave.		-	YES NO
3. NAME OF DECEASED		Fi		Middle		ost	4. DATE		onth	Day	Yeor
(Type or prin	nI}	BE	SSIE	MARTIN	CABELI	,	OF DEATH		Januar	v 25	19 59
5. SEX		6 COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BI	TH		9 AGE (In year lost birthday		47	F UNDER 24 HRS
Female		White	WIDOWE		May 20	.1891		lost birthday		Doys	Hours Min
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	15ew1	ng life, even if retired Le)	Home		Geor	oie			U.S.	A
13, FATHER'S N					14. MOTHER	'S MAIDEN N				0202	A.a
Rol	pert	Taylor Man	rtin		V	irgini	a Cole	eman			
15. WAS DECEA		IN U. S. ARMED FOR		OCIAL SECURITY NO. 17	INFORMANT				Idress		
No	117	yes, give war or ourse or	iesaice!	7	irs. Vin.	T. App	lebv	Catons	ville	Mar	vland
193.	T I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which)	0	e for (0), (b), and (c)] a elexi lioma	16	lari					VAL BETWEEN GAND DEATH Suco
couse (a), lying cou	stating th				U						
		D SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH E	OUT NOT BELATED	O THE TERM	NIAL DICEAS	C COMPLETION C	0.000 (40.0 0.0 0.0	- 120	WAS SUPPOSED
CAT				ONTRIBUTING TO DEATH I	OT NOT RELATED	O THE TERMIN	MAT DISEAS	E CONDITION O	HVEN IN PA		PERFORMED?
O (IF EITHER,	ENT WAS IBUTING [NOTIFY M	UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCUI	RED (Enler noture	of injury in F	Port I or Par	t II of item 18.)			
20c. TIME O Havr	p. m.	Month, Doy, Ye	White	UURY OCCURRED 20a. Not white of work	PLACE OF INJURY foctory, street, off	(Home, form, ice bldg., etc.	20f. (City	or town)	((County)	(Stote)
21. I cer olive on ACTUAL SIGNATURI		t I attended the 24		od from Oct of Section of the Sectio	oth accurred a	1.16	"M, frai		and an		v the decease stated abave DATE SIGNE
PHYSICIAN NAME (Typ		Dr. Geo	rge W	ells, Sr.	m.v <i>J_134</i>	410	00 Edu	ondson.	Ave.,	Balte	29, 1
220. BURIAL CE		, 22b. DATE THEREC)F	22c NAME OF CEMETERY	OR CREMATORY			TION (City, Iown			(State)
REMOVAL Buri		Jan. 28	1959	Loudon	Park			Baltim		6 rvls	, ,

the registror prior to TO FUNERAL DI page 3 should TO HORPITAL DE VS A15 (4) 15M 10/57

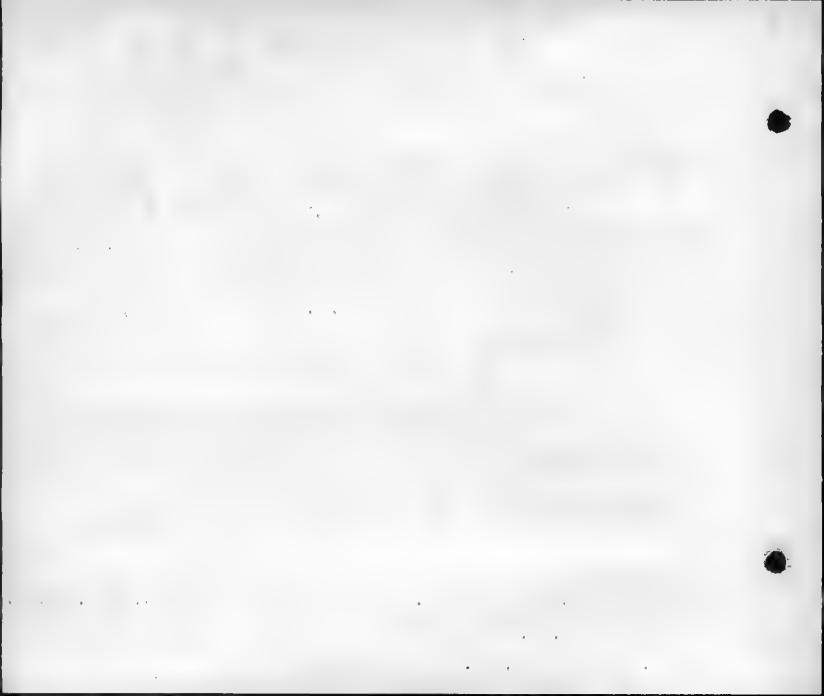
Loudon Park

23. FUNERAL DIRECTOR'S SIGNATURE

John O. Mitchell & Sons, Inc. 1900 Eutaw Place

240 REC'D BY REGISTRAR DATE MN 2

Baltimore, Maryland 246. REGISTRAR'S SIGNATURE

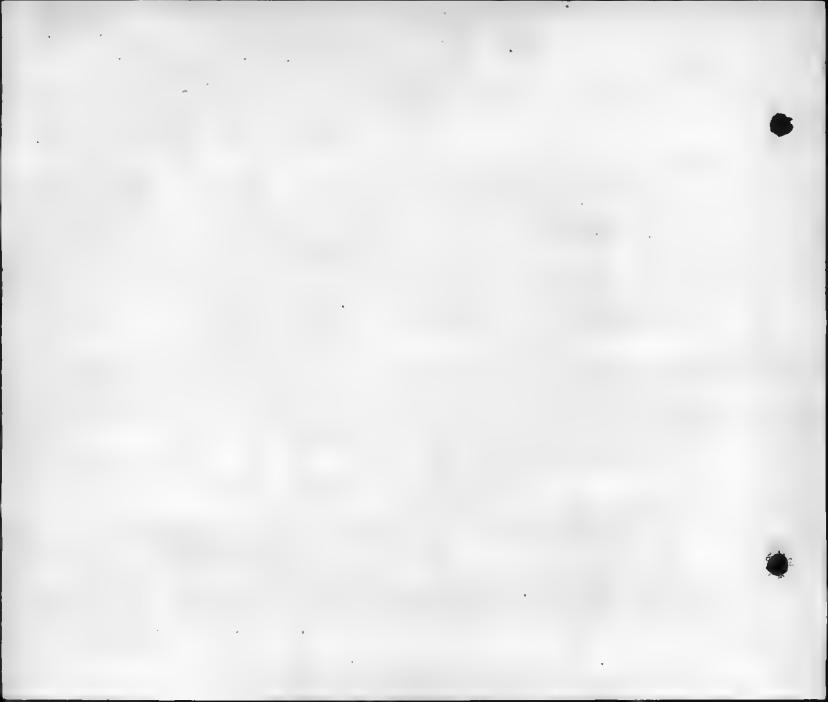


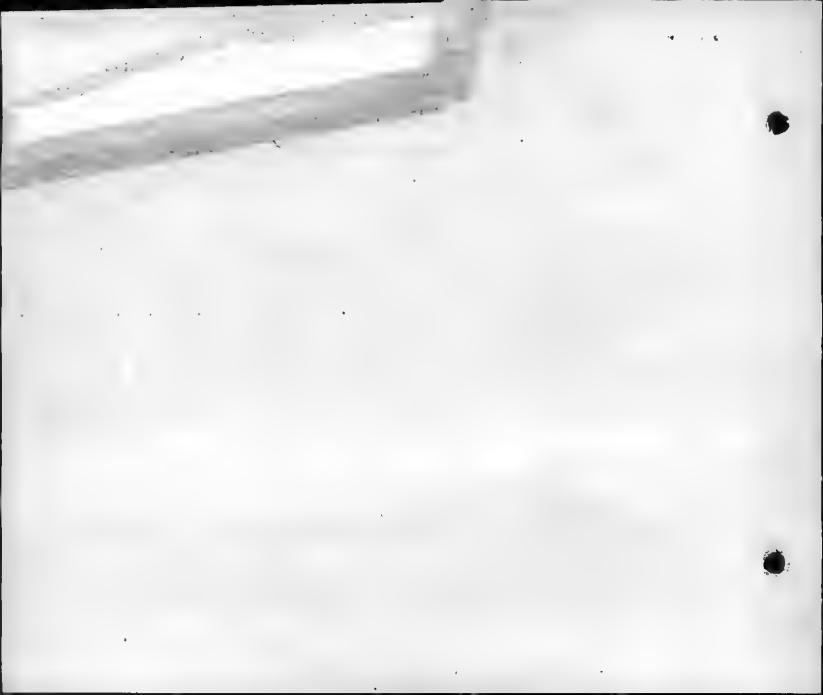
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	238	CERTIFICA	TE OF DEATH	1	Reg. Dist.	No.
	ace of Death COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE Mare	/ / 5	COUNTY () /	before admission) MOLC
	RURAL and give procest Jown	LENGTH OF STAY IN 16		utside corporate lin	nits, write RURAL and giv	
d	NAME OF HOSPITAL (If not in hospital, give street odds or Institution 2528 Wendove)	0 1	street address 2528 We	endover	Road	e. IS RESIDENCE ON A FARM? YES □ NO □
3. N D (1	AME OF ECEASED ype or print George W Caldu	vell Middle	Lent	4. DATE OF DEATH	January.	Day Year 17 19 59
5. St	ale white WIDOWED		Sept 23. 10	896 9. AGI		YEAR IF UNDER 24 HRS
	USUAL OCCUPATION (Give kind of work done 106 KIN during most of working life, even if relied) Retred Postal Settlica	D OF BUSINESS OR INDUST	Marylan	d	12. CITIZ	ISA
	Harry Caldwell		14 MOTHER'S MAIDEN N	IAME		
15, V (Ym.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC no. or unknown] [If you, give wor or detail of sortice] 2.7.2		Mrs. Alber	ta Caldi	vell,	.sa.me
	IB. CAUSE OF DEATH [Enter only one couse per line for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	or (0), (b), and (c).)	my the	rombts	is .	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gove rise to immediate (b)	4 S C V P	()			Sour !
7	couse (o), stoting the <u>under-</u> (c) (c)					
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CON	~ of the -	left ling			PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW HIJURY OCCURRED				
MEDICAL	Coc. TIME OF INJURY Month, Doy, Year 20d INJUI Hour e. m 19 While of work	Not while foct	CE OF INJURY (Home, form ory, street, office bldg., etc	20f. (City or tow	rn) (Co	ounty) (State)
- 1	21. I certify that I attended the deceased alive on	from, and that death	occurred at 11 to	V		ist saw the decease e date stated above
	ACTUAL SERVE 18	L. Beck	6. 6012	ADDRESS (Street, ci	by or town, state)	DATE SIGNE
	PHYSICIAN'S George H. Bec	k			****	
_	REMOVALISPECTIVI 1/14/59	Balto Natio	inal (em.	Balt	imore, Ma	
23 1	eonard J. Ruck 5305 H	arford Road	1	BY REGISTRAR	246 REGISTRAR'S SIGN	





ral director, be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page H may be retained by the hospital or attending physician. TO FUNERAL DIRE R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be exached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar removal, and in any event within 72 harms after death.

MARYLAND STATE DEPARTMENT OF HEA	LTH-BALTIMORE, 18
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00220

Reg. Dist. No.

240 **CERTIFICATE OF DEATH**

- 0		
1	1. PLACE OF DEATH Galtimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITTOR TOWN (If oulside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give Greet address)	d. STREET ADDRESSO
	House in Penas	2432 Liberty Heights live YES NOW
	3 NAME OF DECEASED (Type or print) Lanuel (Type or print)	huar Death / Day Year DEATH / 19 19 19
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H/s). June 1
	Male While WIDOWED DIVORCED	74 yrs
	10a. USUATOCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU dutation most at working life, even if retired)	ISTRY 11. BIRTY BLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	The second of	That Here and
E.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17_	WFORMANT A Address
	(Yes, no or unknown) (II yes, give wor or dates of service)	annie Etmor- Dame
	18 CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c)-]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) COLLEGO - REO	
	4 DUE TO Conges to	c Heart Failme
	Conditions, if any, which gove rise to immediate (b) Quite conditions	-c-V-H-D.
	couse (o), stoting the under lying cause lost	terrolensis
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	V V	YES NO
	OR CONTRIBUTING CLUSE OF DEATH	ED. (Enter nature of injuty in Part I or Part II of item 18.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	Hour a.m. 19 While Nat while of work of work	The state of the s
	21. I certify that I attended the deceased from 1000 2	5 1951, ta Jam 16 1957, that I last saw the deceased
1	alive an 1 and that death	n occurred at 6 A.M. fram the causes and an the date stated above
	ACTUAL POR DO	ADDRESS (Street, city or town, state)
ı	SIGNATURE OTHER COMMENTS	42 54 61 Vank Heights 101. 1/6-2)
	PHYSICIAN'S WILLARED Apple FELD	POALTO 15, mal
	220 AURIAL, CREMATION, 226. DATE THEREOF 225 NAME OF CEMETERY OF	OR CREMATORY 22d. LOCATION/City, town, or county) [Slote]
	meia 1-18-7 unued	Herew Take ma
	23/Juneral director's SIGNATURE 2100 ENFINE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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TO HOSPITAL OR VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT, OF HEALTH-BALTIMORE, 18



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	timore			1	ife			Balt	imor	re 12	2,					
d. NAM	E OF HOSPITAL	(If not in haspital,	give street i	oddress)			/ d.	STREET AD	DRESS						e. IS RES	IDENCE FARM?
	64	12 Murra	y Hi	11	Rd.			6412	Mur	rray	Hil	ll Re	3			NOX
3. NAME O	OF THE	Fi	rst		Middle			Lost		4. DATE		Moi	ath	Day	y	Year
(Type or	print)	Charles	Walt	er	Cole					DEATE	4		1-25	-59		19
5. SEX	1	S. COLOR OR RACE	7. MARR	IED X	NEVER MARRIE	P 🔲	8. DATE	OF BIRTH			9. AGI	[In years birthday]	3	RIYEAR	-	
male	9	white	WIDOWE	D 🔲	D VORCED		3-	-17-1	899			9 yrs	Months	Doys	Hours	Min
10o USUAL	L OCCUPATION	(Give kind of work	done 10b	KIND O	F BUSINESS OF	INDU	STRY 11	. BIRTHPLAC	E (Stote o	or foreign	country)		12 C	ITIZEN O	F WHAT	COUNTRY?
	ttorne			elf	emplo	ye	đ	Ma	ryla	and				U.S	.A.	
3. FATHER	'S NAME							AOTHER'S M	AIDEN N	AME						
)	Will	iam P. C	Cole					Ida	Stoc	cksda	ale					
15, WAS DE	ECEASED EVER	N U. S. ARMED FOI	RCES? 16.	SOCIAL	SECURITY NO.	17, 1	NFORM			-		Add	ress			
no		yer, gere was as outer o		non	е	1	Eli:	zabet	h S.	. Co	le.	8	bove	3		
18. CA	AUSE OF DEATH	Enter only one co	ouse per lir	ne for (o), (b), and (c)]										RVAL 8E	
	PART I. DEATH	WAS CAUSED BY:	a 0.	AV	CIMEN	4	0	+ 1.	112	1				ONS	ET AND	JA 6
	AL .	DUE TO		-		4-4		,		7					-a-t	F71-0-
Conc	ditions, if any	, which)							•							
gave	rise to imi	nediate (Due 70	b)													
	(a), stating the	under-														
		SIGNIFICANT CON	NDITIONS C	ONTRIB	LING TO DEA	TH BUT	NOT RE	LATED TO T	HE TERMIN	VAL DISEA	SE CONI	DITION GI	VENI INI PA	PT 1(a) 19	9 WAS	ALTOPSY
CERTIFICATION ON CO CO ON CO O	71				<u> </u>					THE GIBER	JE 2011	311101101		(5)	PERFC YES	RMED?
200 A	CCIDENT WAS	UNDERLYING 🗆	20h. DESC	TRISE HO	OW INJURY OC	CUPRE	D (Enter	noture of a	niury in P	ort Lor Po	rt 11 of it	tem 18.)			LES [NO E
OR CO	INTRIBUTING [CAUSE OF DEATH	1	211.02 110	J11 1140KT OL	CONNE				0.,,,,,,,,,						
	ME OF INJURY	Month, Day, Ye	Mar. 204 B	THIBA U	CCURRED	20a Pl	ACE OF	INJURY (Ho	me form	1206 100	by me tow	est.		(County)		(Stote)
~	four a m.	19	While	No	t while	fo	ctory, str	eet, office b	ldg., etc.)	}	17 91 101	1-7		(Const.)		(2,018)
	p. m.		ot work		work		4 .	-00				200	163			
21. 1	certify that	I attended the	decease	ed fra								_				
alive	on	25	, 12.3	7.	, and that	death	accur	red at						the dat	le state	ed obove.
A CTILA		0 0 0	2 0	1 -	0				▼ A	ADDRESS (Street, ci	ty or town,	[atolz		D	ATE SIGNED
SIGNA	TURE	selle c	T_)	YG	racu	4_	M.D								/:	- 28-
PHYSIC	CIAN'S				0 0	1										
NAME	(Type) Ph	ilip F. W	a=ley		V	6	h	Cho-ac	St.	·- Pol	tica	2-2-	======================================			
220 SURIA	L, CREMATION,	. 22b. DATE THERE			IAME OF CEME			ATORY				ty fawn,			(Stot	e)
B	uriai	1-27-5	9		ospect	; H:	111			Tor	MBOI	1 4,	Md.			
23. FUNERA	AL DIRECTOR'S	SIGNATURE	37	AL	DORESS		. 10			BY REGIS	TRAR		STRAR'S S		E	
JALL	MARC	6 /20 OCK	Lor	K H	d.,Tow	180	n 4	Md .	AWAN	3 6 35	3	Ci	יש חוא	Track		

TO FUNERAL DE OR: After this certificate has been signed by the attending physician and completely fitled in by page 3 should elached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, ar remaral, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 VS A15 (4) 15M 9/5S

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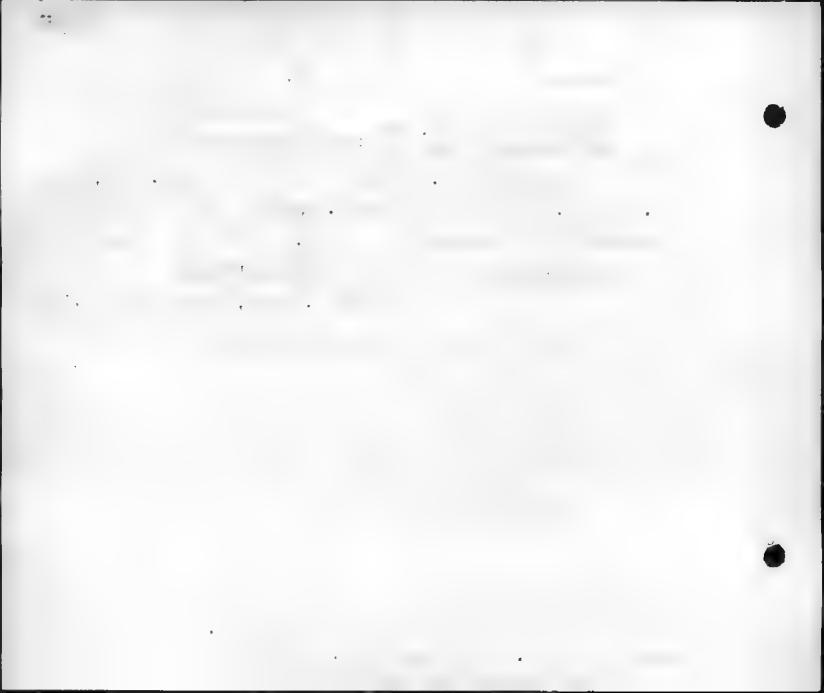
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 6 COLNTY Baltimore City c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Baltimore IS RESIDENCE ON A FARM? YES NO Manth Year 1959 26 Jan. IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years ast birthday) Months Days Hours 12 CITIZEN OF WHAT COUNTRY? USA Address Walter L. Conway. 712 Cathedral St. (Son INTERVAL BETWEEN ONSET AND DEATH HIPERTENSIVE + ARTERIOSE CEROTIC PART I. OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALID SEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO D (County) (State) 192_7that I last saw the deceased M, from the causes and on the date stated above. 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

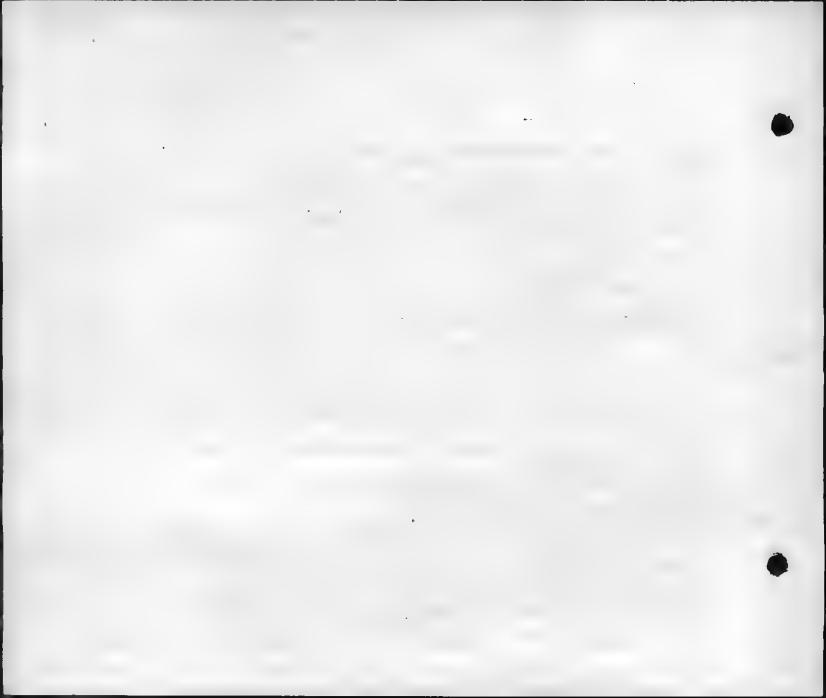
15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 245 Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. Si Maryland a COUNTY 6 COUNTY MARYLAND Baltimore neral CITY OR TOWN (If outside corporate l'mits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURA, and give nearest town) Baltimore 26 Davs Fort Howard d NAME OF HOSPITAL (final in haspital, give street address) d STREET ADDRESS S RESIDENCE OR INSTITUTION 24 1400 Riggs Avenue YES NO Veterans Administration Hospital NAME OF 4. DATE Middle Month Year DECEASED 1959 COUNTERS (Type or print) JAMES E. DEATH January IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED TI NEVER MARRIED 187 8 DATE OF BIRTH AGE (In years last birthday) Months Days Hours WIDOWED | 189 DIVORCED [January 11. 6 Syrs Colored Male papers. 0. 10a USUAL OCCUPAT ON (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12 C TIZEN OF WHAT COUNTRY? death US. A. Baltimore, Maryland Unknown puo Laborer-unemployed carban 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME physician Sophie Shanks maye John Counters IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address attending p Clin.Rec., Vet. Adm. Hospital, Fort Howard, Maryland 218-100-978 Yes 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BRONCHOGENIC CARCINOMA, LEFT UPPER LOBE AND OR TH METASTASIS TO ADRENALS Canditians, if any, which permit. (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES X NO T 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II or Part II of stem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that attended the deceased from December 11, 1958 to January ative at a CONTROL OF THE CONTROL OF OR: ADDRESS (Street, city or town, state) ACTUAL VAH, FORT HOWARD, MARYLAND SIGNATURE may be retaine ā 3 shauld PHYSICIAN'S CHIEN WEI LAN. M.D. NAME (Type) 220 SURIAL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) Baltimore, Baltimore National Cem. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAIAN 1 3 '59 Civilium & Thomas VS A15 (4) Arlington S. Phillips 1808-10 N. Monroe St 15M 9/58 Baltimore 17.Md.



HOSPITAL



the registral within 72 Lours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 00227

247	Rog. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Baltimire MARYLAND	STATE MD COUNTY BOLLING THE
CTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest lown) (in this ptace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN TOWNSON 10 4x S	KATOWN TOWN USON
HOSMTAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS 713 Hillen ST	713 Hilley St.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JUHW LOUIS	CRONHARDT DEATH JULY 21 1859
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	TE OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HE
Male white specify widowed JA	N 3 1881 78 yrs. Months Days Hours Min
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, even # OR INDUSTRY	Baltimore Md. COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Cronhardt	MINNIE RAISER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yas, give wer or dates of service)	Carrie Josephine Nutwell Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN
CPRF NR	ATTRIM BOSIS ONSET AND DEATH
IMMEDIATE CAUSE (A)	
DISEASES OR CONDITIONS, IF ANY, (B)	SCIEROSIS
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION J 19b. MAJOR FINDINGS OF OPERATION	
198 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21r. HOW DID INJURY OCCUR?
M. at work L at work L	1/01 69
22. I hereby cartify that I attended the deceased from	19 that I last saw the decease
alive on	The state of the s
SIGNATURE MillO A 12	ADDEES (Stroat, city, Man State) PATE SIGNE
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, Jown, or county)
REMOVAL (SPECIFY)	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
JAN 2 6 '59 2 1-1-1 2 trace	Buch Hurdenty Galerile Lace
DATE	-4 (



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 248 Rea, Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY filed o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 id.be c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 00 awn d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 201 WOOC YES TO NO IF nale 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED OF (Type or print) DEATH 19.0 9. AGE (In years HE UNDER TYPAR IF UNDER 24 HR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Days Hours in popers. DIVORCED T WIDOWED [63 yes. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) COM 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo esit. to Works Account ofter 13 FATHER'S NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address ottending JUIZ Ena 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVALAFTWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Haur a. m. While Not while at work at wark 21. I certify that y attended the deceased from, 19____that I last saw the deceased ____, and that death occurred at 2.10.1M, from the couses and on the date stated above. olive on DATE SIGNED ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) pode REMOVAL (Specify) DU TIOU **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A15 (4) DATE JAN 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND ALTIMORE death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Iff outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) MONIUM MONIUN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 1) 11 ON A FARM? YES NO 1 DATE OF DEATH NAME OF Middle Yeor DECEASED (Type or print) 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED THE DATE OF SIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months WHITE FEMBLE DIVORCED [7] WIDOWED F 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) II 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) UMPANION 13. FATHER'S NAME - ELLEN- MECLELL 16 SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? -GLEN ARM 18. CAUSE OF DEATH [Enter only one couse per_line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** code (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) CERTA 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) o. m. While Not while at work of work p. m. 1972, 10 I/ 1957, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at_ M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIR Id b ploods PHYSICIAN'S FUNERAL NAME (Type) (") 220. BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 4) SONIN That & Travel 15M 9/SS



44
FOR STATE
HEALTH DEPT.

r files. of Health,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0023	
Reg. Dist.	No.	

		***						= =====		
1. PLACE OF DEATH		•			2 USUAL RESIDENCE	•				odmiss on)
I CODINI	Baltimore		MARY	AND	o STATE Mary	/land	6 COUR	m Balt	imore	
b. CITY OR TOWN (I	Lasteide corporate limits, with	e RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN	(If outside cor	porele limits, wri	e RURAL and	give neores	st town)
Bengies	(20) Md.			Essex	(21)					
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hosp	ital, give street address)	d STREET ADDRESS	5	-			IS RESIDENCE
Pa. R.R.	Bengies C	rossin	g .		' 389 Lang	gley Rd				ON A FARM?
3. NAME OF DECEASED	Fir	31	Middle		Lost	4. DATE	Moi	nth	Doy	Yeor
(Type or print)	Willia	m Mer	rell Dail			DEATH	Januar	v 23.		19 5.9
5. SEX			NEVER MARRIED	8.	DATE OF BIRTH		9, AGE (In years lost birthday)	IF UNDER		INDER 24 HES
Male	White	WIDOWED	DIVORCED [May 7, 1921		37 yrs		Days Hou	urs M'n.
10g USUAL OCCUPATION	ON (Give kind of work	done 10b. KI	ND OF BUSINESS OR I				ountry)	12 CITI	ZEN OF WI	HAT COUNTRY?
during most of working	ng life, even if retired)	T.	axicab		Hetford	A. M. C.			U.S.	Λ
13. FATHER'S NAME			and to an	- 1	14. MOTHER'S MAIDEN		•		0.00	
	am E. Dail					в Воусе				
	ER IN U. S ARMED FO	DCCC2 14 C	OCIAL SECURITY NO.	I 12 194	FORMANT	в доусе	A 14.			
(Yes, no, or enhance)	(II yes, give war or dates of	Service)				7 77	Addre		17. 0	
Yes	AMPT -	122	7-26-4645	[B	wiford Fune	erai Ho	ne Eliza	beth,	N.G.	=
	TH Enter only one cou	use per tine fo	or (o), (b), and (c).	Ru 1		1.	1	C.	ONSET AND	ETWEEN D DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE [6]	, lor	uplele	U	Wolling of	Mom	ember	in		
1 8/0 X	DUE TO	7	110 +		001					
Conditions, if	iny, which) (b)	, (Julle	K /	201					
gove rise to imme	diate cause	L	1		V:-/					
(a), elating the	underlying [c]	, t)							
Z PART II. OT	HER SIGNIFICANT CON		NTR BUTING TO DEATH	BUTNO	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION G	IVEN IN PART	1(0) 19. W	AS AUTOPSY
PART II, OT				-					YES F	REORMED?
	DICE WAS IN	AL DESCRIPT	HOW IN 18Y OCCUR	DED 16-	ter nature of in any in I	best Lee Best II	-614		1163	NO III
200, EXTERNAL CA	NTRIBUTING []	/AX:	WAS	STY	uck b.	J P.	RR.	IRAI	N/4	Seizer Cro
20c. TIME OF INJU	RY Month, Doy, Yes	or 20d. #	JURY OCCURRED 20	e. PLAC	E OF INJURY (Home, F	irm, 20f. (City	or lown)	I ICOU	nty]	(Sigle)
31 31 Bour	3 1/23 19.	19 While	k of while	Poctor	y Great, office bldg,		theren	Dai	4	TIL
21. I certify t	hot I took charge			obov	e, held on Auto	psy 🗍 , I	nspection []	Inquir	y []/	ond in my
opinion deoth	resulted from:	Natural co	uses [], Accid	lent []	Suicide [],	Homicide	, Under	termined n	nonner [
	han		A							
ACTUAL SIGNATURE	11/20	avr	2		M D. CHIEF MEDICAL	EXAMINER [) DA	ITE SIGNED
EXAMINER'S	n 27) 0.11	· ha	~	ASSISTANT MED	ICAL EXAMINE	R 🖸	- 1	LVI	Ira
NAME (Type)	111.12.9	HUI	> ///_	()	DEPUTY MEDICA	AL EXAMINER		1	1776	V / _
270. BURIAL CREMATIC REMOVAL (Spe. fy	ON. 776 DATE THERE	OF I	72c. NAME OF CEMETE	RY OR C	REMATORY	22d, LOCA	TION (City lown	, or county)	• ((Stol4)
Removel	1/24/59		Twiford Fu	ner			abeth,_			707-A
23. FUNEPAL DIRECTOR	Just of	nok	ADDRESS			EC'D BY REGIST		DISTRAR'S SIG	Al a	
James Bru	zdzinski 1	407 Ea	stern Ave F	Rd.	DATE	JAN 26"	59 C	James S.	Thair	

TO DIFFLET MINICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neces execute the call this, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dig 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DILLIOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2757

2



ı	TC?	CERTIFICA	IL OI DEATH	Reg. Di	st. No.
	1. PLACE OF DEATH 0. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	d lived If institution, Residen b COUNTY	ce before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE	c. LENGTH OF STAY IN 16	E ALTIMORE 18	orale limits, write RURAL and	give nearest town)
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS	MEDA	e. 15 RESIDENCE ON A FARM? YES NO
Ī	3. NAME OF DECEASED (Type or print) EMMA A. D	AUTERICH	Lost 4. DATE OF DEATH	JAN. 3,19	959 Yeor
	5 SEX 6. COLOR OR RACE 7. MAR WIDOW		DEC. 18,1880	9. AGE (in years IF UNDER last birthday) 78 yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min
		KIND OF BUSINESS OR INDUST AT HOME	ANNA ARUNDEL	COUNTY 12 CIT	USA
Ì	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	217	
ŀ	SAMUEL RICHARDSO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16		GRACE WHEE	DON Address	
	NO (If yes, give wor or dotes of service)	17 34 9579B	MR RAYMOND H.	DAUTERICK	SAME
	PART I DEATH Enter only one couse per IMMEDIATE CAUSE (s) Conditions, if ony, which gove vise to immediate cause (o), sloting the under-lying couse last.	Parkmon	stu Heart &	Deserve	INTERVAL BETWEEN ONSET AND DEATH 5 yr 4 yr. ?
	PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	enalized as	COLUMN THE TERMINAL DISEASE LETTO LECTOR (Enter noture of injury in Port 1 or Par	ni -	T 1(a) 19. WAS ALTOPSY PERFORMED? YES NO [2]
	20c. TIME OF INJURY Month, Day, Year 20d. White		CE OF INJURY (Home, form, 20f (Citary, street, office bldg., etc.)	y or fown) (I	Caunty) (State)
	21. I certify that I attended the decea olive on 12. 12. ACTUAL SIGNATURE PARL - L-C PHYSICIAN'S FARL - L-C	Sed from Dec. 5 59, ond that death of the sed of the se		m the couses and an tisteet, city or town, state)	At - Inf - 1/5/
	220- BURIAL, CREMATION, 22b. DATE THEREOF BUHIAL 1/6/59	22c. NAME OF CEMETERY OF	CEMETERY BAI		(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS	ADDRESS INC. BALTIMOR	E MD. DATE		Frank

TO FUNERAL DIS poge 3 should be TO HOSPITAL OR

the attending physician and campletely filled in by Juneral director. Then please remave carban papers. Pages I and 2 shauld be filed with

may be retained by the haspital or attending physician.

• FUNERAL DISCOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the registrar prior to burial, crematian, ar removal, and in any event within 72 hours often death.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

1000 Brantley Ave.

246. REGISTRAR'S SIGNATURE

aritur & Krauk

JAN 1 6 '59

23 FUNERAL DIRECTOR'S SIGNATURE

Elroy O. Wilson

VS. A15ME



should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

252 **CERTIFICATE OF DEATH**

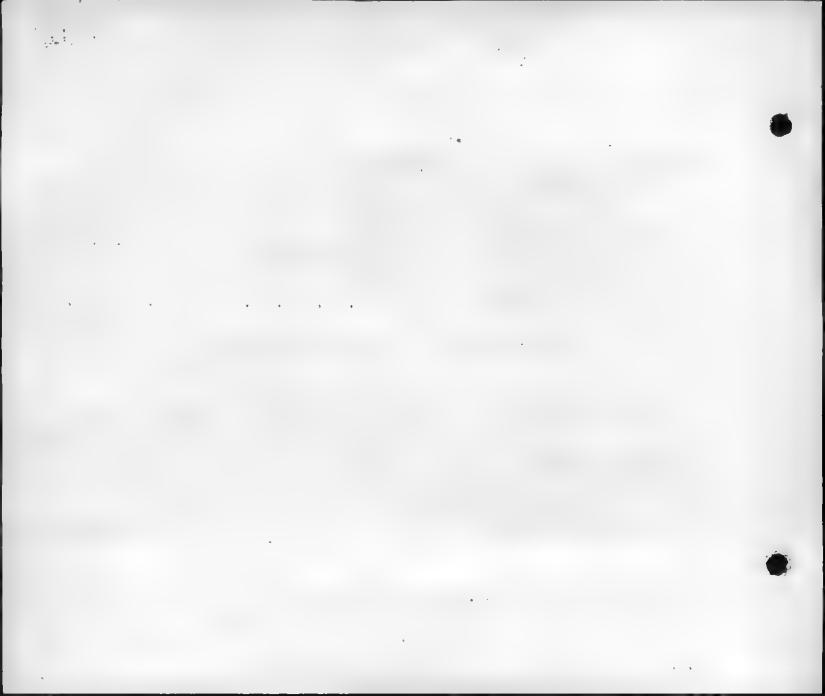
00233 Reg. Dist. No.

1	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Harvland	lived If institution Residence b. COUNTY	e before admission)
	b CITY OR TOWN [f outside corporate limits, v RURAL and give necrest town] FOIL HOWARD	vrite c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpore	ole limits, write RURAL and gr	ve negrest fown)
	or institution Veterans Administrat	street oddress) tion Hospital	d STREET ADDRESS 411 Pontiac Ave	nue	e 15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ANDREW	(Jackstin)	DEATON 4. DATE OF DEATH	January	12 Yeor 59
		MARRIED NEVER MARRIED DIVORCED DIVORCED	April 25, 1898	Land Bright San A Committee Committe	YEAR IF UNDER 24 HRS Doys Hours Min
4	10a USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) COOK (rtd)	e 10b. KIND OF BUSINESS OR INDUS	Whick, Kentucky		EN OF WHAT COUNTRY
	Lewis Deaton		14. MOTHER'S MAIDEN NAME Emma Gillum		
	Yes or or unknown] Yes WW I defeat of service	? 16. SOCIAL SECURITY NO. 17. II 213 -18-1092 C	NFORMANT Lin.Rec., Vet. Adm. Ho	spital, Ft. Howa	ard,Md.
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	777	GHOGENIC CARCINOMA	RIGHT LUNG	UNINOWN
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO		ONARY TUBERCULOSIS		15 YEARS
	PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	I(o) 19 WAS AUTOPSY PERFORMED? YES E NO
		DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Port I or Port	It of item 18)	
	Hour o.m.		CE OF INJURY (Home, form, tory, street, office bldg, etc.)	or town) (Co	ounty) (Stole)
	21. I certify that Kattended the de	XXXXXX and that death	occurred at 7:115A.M. fram	the causes and an the	
	PHYSICIAN'S CHIEN WEI LAN	Coc 4			
	REMOVAL Specify 1-12-59	22c. NAME OF CEMETERY OF Back Cemete	crematory 22d. LOCATION Jack	on (City, town, or county) son, Kentucky	(Stole)
ш	n.J.Tickner & Sons,	North and Penns		AR 24b. REGISTRAR'S SIGN	

May be retaine the haspital or attending physician.

TO FUNERAL DI TR. After this certificate has been signed by the attending physician and campletely filled in by spage 3 shauld lacked far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. N. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) e. COUNTY filed 6. COUNTY MARYLAND Prince Georges **B**ltimore Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give reares) town) RURAL and give nearest lawn) 11mth23dvs Mt. Rainier, Maryland Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4102 - 32nd Street SPRING STATE HOSPIT AL GROVE YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH 59 (Type or print) Marinus De Gast Janua ry 19 9. AGE (In years last buthday) 05 yrs. 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours Jan. 25, 1893 male white WIDOWED [7] DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Holland law Lawver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arie DeGast Jeantje 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1918-21 Records: SPRING GROV E STATE HOSPITĂL 8 Unknown yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā Arteriosclerotic myocardial infarction PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic cardiovascular disease Conditions, if ony, which) gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Port II af item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. n. Nat while of wark of work [p. m. March ll Jan. 15 19 59 that I lost sow the deceased 21. I certify that I attended the deceased from and that death occurred at 10:30 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE STATE HOSP ā P PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28. 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



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8	<u>§</u>	
should be	remation	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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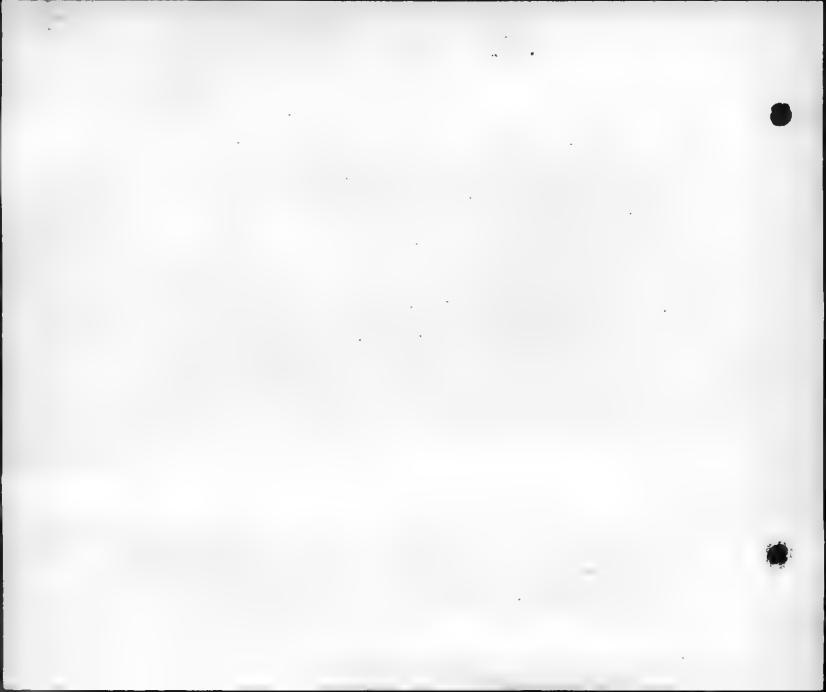
Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deci	ased lived. If Institution: Reside	ence before admission)						
Baltimore	MARYLAND	o STATE Maryland	b. COUNTY Bal	timore						
	LENGTH OF STAY IN 16		orporate limits, write RURAL and							
Dundalk (22)	l year	3405 Old North Point Road								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
3405 Old North Point Ro	ad	Dundalk	(22)	YES NO						
3. NAME OF DECEASED (Type or print) PIERRE AL	BERT DO 1	RODSO 4. DATE OF DEATH	Month	Day Year						
5. SEX 6. COLOR OR RACE 7. MARRIED .	NEVER MARRIED 1 8.		9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.						
male white WIDOWED	DIVORCED [July 22,1910	18 yrs. Months	Days Hours Min.						
100. USUAL OCCUPATION (Give kind of work done 10b, KINT during most of working life, even if retired)	OF BUSINESS OR INDUST	1). BIRTHPLACE (Slote or foreign	country) 12. CIT	ZEN OF WHAT COUNTRY						
	Steel	Illinois	US	SA						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Frank DeRoose		Unknown								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. IN	FORMANT	Address							
Yes no. of unknown) If yes, give wer or dates of service) 213	1-09-2946	Virginia S. DeF	loose same a	s #2						
PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)	(0). (b), and (c).] 20NATY (Declusion		INTERVAL BETWEEN ONSET AND DEATH						
Hacu, I DUE TO										
Conditions, if any, which) (b)										
gove rise to immediate couse (o), stating the underlying DUE TO										
couse lost.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	OW INJURY OCCURRED. (E	iter nature of injury in Part I or Part	II of item TB)							
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work of work	_ Not white facto	E OF INJURY (Home, form, 20f. (C ry, street, office bldg., etc.)	ity or town) (Cou	enty) (Stote)						
21. I certify that I took charge of the rem	ains described abov	re, held an Autapsy .	Inspection (), Inquir	y (C), and find that						
death resulted from: Natural causes ()			Indetermined cause [
ACTUAL SIGNATURE ACCIOCATION	Eur	_M.D. CHIEF MEDICAL EXAMINER [3	DATE SIGNED						
EXAMINER'S TACK C COI	lins	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER		1-15-59						
REMOVAL (Specify)	NAME OF CEMETERY OR C		ATION (City, lown, or county) Air. Marvland	(State)						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'D BY REGI								
Walter Brooks Drail	ey Dundal	k 22 DATE JAN 19	59 5 2 2 2 4.	Vinita						
P.	19.									

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR

VS A15 (4) 1SM 10/57

00237

255

CERTIFICATE OF DEATH

Rea. Dist. No.

									stadi nin	. 140.	
MACE OF DEATH	more		MARYLA		usual Resi Maryla	nence (who	ere decease	b. COUNTY	on Residence	before	odmission)
RURAL ond give n		, wrile	E LENGTH OF STAY IN	i 1b			utside corpo	rote limits, write R	URAL and gi	ve nears	est town)
	Howard		81 Days		Baltin			-		2	
OR INSTITUTION	Administra				d. STREET A	Doress Vister	ria Av	enue			IS RESIDENCE ON A FARM? YES NO TO
3 NAME OF	First		Middle				4. DATE				
DECEASED (Type or print)	TITIW	AM	H.		UFFY	1	OF DEATH	Januar		16	19 59
5. SEX	6 COLOR OR RACE	7. MARR	IED 🔣 NEVER MARRIED		ATE OF BIRT			9. AGE (In years			F UNDER 24 HRS
Male	White	WIDOWE	DIVORCED		pril :	7, 189	3	lost birthdoy)	Months (Poys	Hours Min
during most of wor	ON (Give kind of work di king life, even if relired) 1- retired	one 10b	KIND OF BUSINESS OR		11. BIRTHP		or foreign c	vland		S.A.	WHAT COUNTRY
13. FATHER'S NAME	I- Icolica		CLLAL OWG	11	4. MOTHER'S						
Samuel Du	ıffy					tt Tur					
IS WAS DECEASEDEVI	ER IN U. S. ARMED FORCE	ES? 16	SOCIAL SECURITY NO	Cli		,Vet.A	dm.Ho	spital,F	t.Howa	rd,	Md.
	ATH [Enter only one cou	se per in	e for (o), (b), and (c)]							INTER	VAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	CAR	CINOMA OF R	IGHT	LUNG					14	'Montas'
163X	163X DUE TO										
Conditions, if a	Conditions, if ony, which) (b)										
gave rise to i	mmediale (
lying couse last.	(c).										
11/18/53	Pre Scalene	rat	Pad Excisi	##7.48 5n, 51	REVEUS Latera	DIFTERNIT	1758	COMPITION CIVE	SECULOS.	1(a) 19	WAS AUTOPSY PERFORMED? YES NO T
200 ACCIDENT W			CRIBE HOW INJURY OCC							<u> </u>	
	RY Month, Day, Year	While	Not while	De. PLACE factory	OF INJURY (street, office	Home, form, e bldg., etc.)	20f (City	or fown)	(Ca	unty)	(Stote)
	not Fattended the	_		er 27	20 58	Ja:	nuary	16 , 59) ierconon		~~~
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									st-to+	Wherderson
		1. P	istration and man a	com oc	corred di			reel, city or town,		: uuie	DATE SIGNE
ACTUAL	· Oneer	2			VAH.			D, MARYL			1/16/59
SIGNATURE		-		M.D.				2			
PHYSICIAN'S I	RVING FREE.	AN,	d.D., Chief	, lled	ical S	ervic	е				
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	DN, 22b. DATE THEREOF	54	22c NAME OF CEMETI					MON (City, town, o			(Stote)
23 FUNERAL DIRECTOR	'S SIGNATURE	-/-	Baltimore ADDRESS	Mati	ona.L.t		BY REGIST		arylano		
Leonard J			5305 Harfor		d	DATE	1 3 5 3			" astA	
INCHESTOR OF THE PARTY	THICK		Roltimone 1	MA		MALIE					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 1SM 10/57

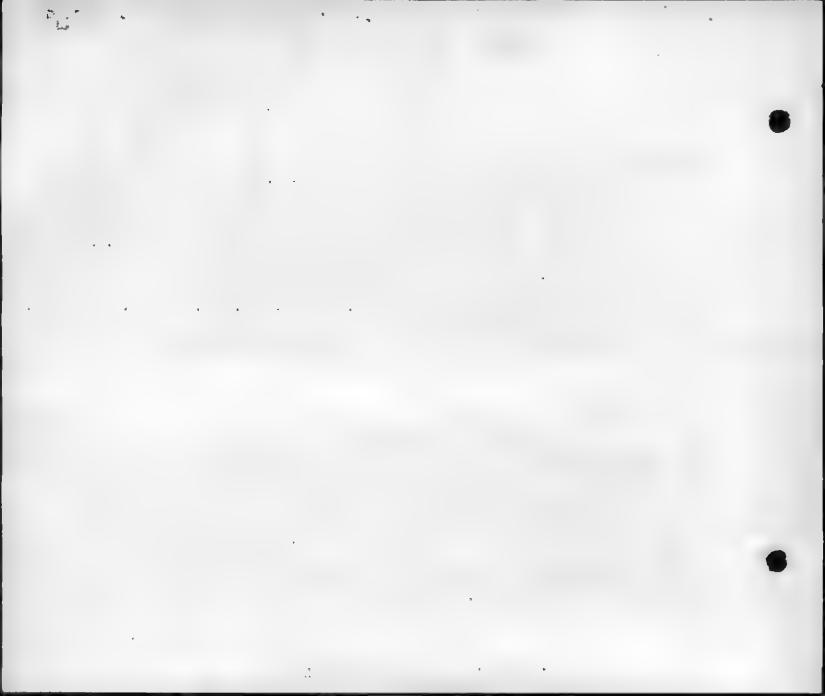
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

256

Reg. Dist. No.

									Kadi Disi	140,	
PLACE OF DEATH COUNTY Baltin	ore		MAR	rland		ryland		lived. If institut b. COUNTY	ion: Residence	before odmisi	ion)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF ou	utside carpora	to limits, write l	RURAL and giv	re nearest towl	1}
	loward, llary				Ba	ltimo:	re	0	V) /	+	
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS				e. IS RES	IDENCE FARM?
	s Administi	ratio	n Hospital		5	715 L	och Ra	ven Bou	levard		NO []
3 NAME OF DECEASED	Fire	st	Middle	:	Las	t	4 DATE	Mo	nth	Day	Yeor
(Type or print)	JA.	ES	M^{\bullet}		DU	JR.JR	OF DEATH	Janu	ary	24	1959
S SEX	6. COLOR OR RACE	7- MARR	IED X NEVER MARRI	ED 🗇	8 DATE OF BIRT			AGE (In years	IF UNDER 1	YEAR IF UND	- 1
Male	White	WIDOWI	-		Septembe	r 30.		lost birthdoy)	Months D	loys Hours	Min
100 USUAL OCCUPAT	ON (Give kind of work	done 10b	KIND OF BUSINESS C					ntry)	12 CITIZ	EN OF WHAT	COUNTRY
Clerk-Tyr	rking life, even if retired ist	Tol	nn S. Cor	nor	Co. Bal	timor	e, Har	yland	1	J.S.A.	
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
JA ES W.	DUTTI. SR.				MARY	CHAP	PLE				
	ER IN U S ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT			Add	lress		
(Yes no or unknown)	(If yes, give wor or dates of s	ervice] 2	15-03-5543	C	lin. Pec	ords,	Vet.	Adm. Fos	p. Ft.	Poward	, 'd.
18 CAUSE OF DE	ATH [Enter only one co	use per fir	e-for (o), (b), and (c)	1						INTERVAL BE	
PART I. DE	ATH WAS CAUSED BY	CAR	CINCHA OF I	CIME.	THUR ME	DESPOR	CAD E	PASMASES	3	ONSELVIND	DEATH
163X	DUE TO		21-15 - 43. YI	LIOITO	FF-L, A. A. B. P. Feeler	<u> </u>				V 112	
Conditions, if	ony, which) (b										
Bose tize to	immediate DUS TO										
couse (a), stating	the under-										
	HER S GNIFICANT CON		ONTRIBUTING TO DE	ATH RUT	NOT RELATED TO	THE TERMIN	JAI DISEASE	CONDITION OF	JENI INI BADT 1	I ID WAS	ALITOPSY
PART II. OT			ID ARTHRIT		THO PREMIED TO	THE INCHASE	AL DISEASE	CONDITION OF	YEIN IIN PART	PERFO	RMED?
20a ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINERS	20b. DES	RIBE HOW INJURY O	CCURRE). (Enter nature o	f injury in Po	ort 1 or Part 1	l of item 18.)			
	RY Month, Day, Ye	- 00 4 10	INION OCCUPATE	20- M	ACE OF HARION	1)	Tont inc				
Hour e.m.	kt month, Day, te	While	Not while	foc	ACE OF INJURY (story, street, office	bldg., etc.)	i 201. [City o	r town)	(Co	uniy)	(State)
	hatXDaltended the			27 27	1058	te.Tan	11arar	21, 1050	nds andrel -	code process or a talk non-	erialest and one area
DE ROMES ENDERES	000000000000000000000000000000000000000		202000 inai	aearn	occurred at						
SIGNATURE	2 40	3			M.D		rphys23 (20s	et, city or town,	storej	0/	ATE SIGNE
PHYSICIAN'S NAME (Type)	CLYDE B. COL	PE, M	D.D.		VA:	, For	t Howa	rd, "ar	land	1/21	/59
	ON, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(Stot	e)
REMOVAL (Specify	1-28-59	3	Paltimo	7°0 "1	isti onal			ltinore		,	
23. FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS			240 REC'D	BY REGISTRA		STRAR'S SIGN	ATURE	
John C. M	iller Inc.	21.35	E Oliver	C+	Bolto Ma				in &	Hised	
O OTITI O . TI	CALLOL ALLO	-6-2)	LIA LLVCI	Ulla	JOHN DO BYY	F Avic					



Reg, Dist. No.

b. COUNTY 1717.70 c. CITY OR-TOWN (If autside corporale limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO DO Year OF 5 19 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Min. Haurs 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Minnie A. Nickel Address Dorothy J. Foster. New Freedom, Penn. INTERVAL BETWEEN & OCARDIAL INFARCTION MIIN IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, If ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 17. WAS AUTOPSY CERTIFICATION PERFORMED? NO E 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Not while o. m. at work of work p. m. 21. I certify that I took charge of the remeles described above, held on Autopsy ... Inspection . Inquiry I and find that death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER IT 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slate) REMOVAL (Specify) Parkton, Md. Cedar Grove Buria **ADDRESS** 23. FUNERAL DIRECTOR'S DIGNATURE 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE York Rd., Towson 4, Md ~7. Firmes

0 VS. A15ME(5) 5M 9/55

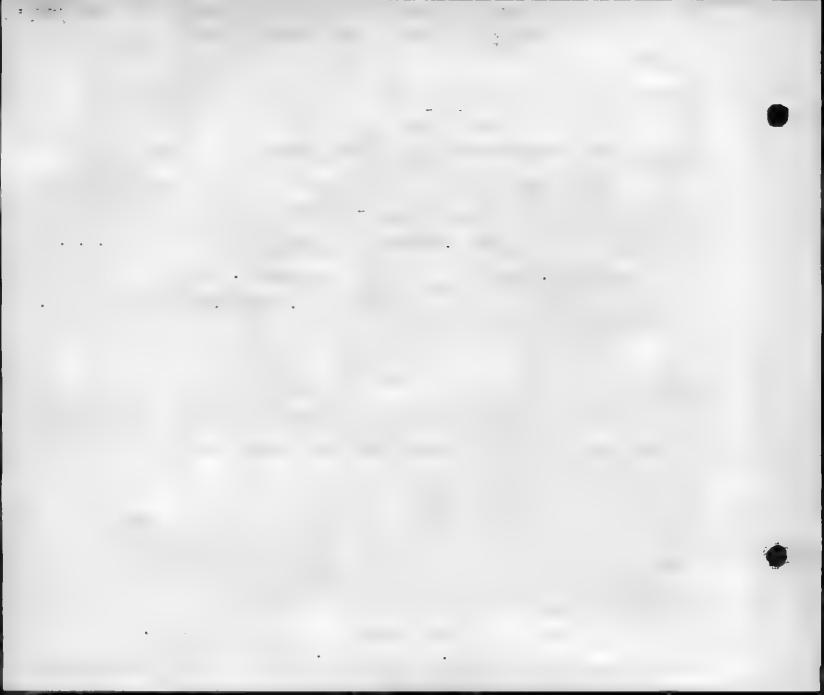
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
Item	2d Film G-237 1/20/50 a	

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L		,	259	CEI	RTIFIC	ATE OF E	PEATH	ľ		Reg. D	ist. No.		
1,	PLACE OF DEATH		N W ()			2. USUAL RESID	DENCE (Wh	ere decease	d lived. If institut		nce befo	re odmi	ission)
	Bal	to.		A	AARYLAND	o. STATE	Md.		b. COUNT	1:0	Di.		27 10
	b. CITY OF TOWN (III	outside corporate lim	its, write	c. LENGTH OF	STAY IN 16	c. CITY OR I	OWN (If o	utside corpo	orate limits, write	RURAL ond	give nec	arest for	vn)
	Catonsvi					1	Spar	rows	Point				
		AL (If not in hospital, i	give street	oddress)		d. STREET A							ESIDENCE
		even Mursi	no Ho	m O		2631	11/7/3	M/ Ede	emera Vd	Ave			A FARM?
3.	NAME OF	Fi			iddle	Les	l	4. DATE	Мо	oth	Da	14	Yeor
	(Type or print)	CHAR	RS		F.	ECKES.	SR.	OF DEATH	.Ta	in.	16		19 59
5	SEX	6. COLOR OR RACE	A COLUMN TWO	IED NEVER M		B. DATE OF BIRTH			9. AGE (In years				DER 24 HRS
	male	white	WIDOWI		ORCED 🔂	Dec. 6.	1897	7	last birthday)	Months	Days	Hours	Min
	o. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINE	SS OR IND					12 C	ITIZEN C	E WHA	T COUNTRY
	Retired	ing life, even if retired	1)	Insuranc		Md.							
13	. FATHER'S NAME			THSUL AND	-5	14. MOTHER'S		IAMF					
	Tales Dales					Timles	0.000	_					
15	John Ecke		CES2 14	SOCIAL SECURITY	V NO. 17	Unkr	IOWIL		Ade	iress			
	es no or unknown)	If yet, give wor or dates of	service)	SOCIAL SECONIC			23 1					D .	. 1100
-	ves I	World Wa		£		Mr. C. F.	<u> </u>	s, Jr	<u> 1343</u>	Mar			
		TH [Enter only one co	ouse per lu	ne for (a), (b), one	1 (c)]			4			ON!	ERVAL E SET AN	D DEATH
	10011 000	IMMEDIATE CAUSE (1	7718	1010	SOCE.	600	TIC	OAK	1210	_		
		DUE TO	1	12001	11.0	R MIS	5000	-					
	Conditions, if or gove rise to in				m	-							
	cause (o), sloting t			CAME	127 1	100							
L	lying couse lost) ()	PAN E	m	11							
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO	D DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(0) 1	PERF YES	ORMED?
CERTIFI	200 ACCIDENT WA	S UNDERLYING TO	20b. DES	CRIBE HOW INJU	RY OCCURR	ED. (Enter nature o	f injury in P	ort I or Par	t It of item 18.)				
G	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	-						`				
S.	20c. TIME OF INJURY	Month, Day, Ye	ar 20d II	NURY OCCURRED	20e. F	LACE OF INJURY II	Home, form,	20f. (Cit	y or town)		(Caunty)		(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	n '	actory, street, office	bldg., etc.	}	,				
			4	L.,	12/1	10 / 6) //	m C	7894			
		at I ottended the	deceds										
	alive an		, 19_4	, ond	that deat	h accurred at			n the couses		the da	te sto	t <mark>ed</mark> above
	ACTUAL	1-0		////	/		, ,	ADDKESS (2	treet, city or town.	, store)	-		FATE SIGNED
	SIGNATURE	+C/CII	15	11111	11/	MD	000		THURKE	2Sex	1.11	65	4117/5
	PHYSICIAN'S NAME (Type)	10hm	11-	Shau	1 10	0. 1	11-41	·	8-1-111	12-			/ / /
22	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF	CEMETERY (OR CREMATORY		22d LOCA	TION (C ty. town,	or county)		(Ste	ote)
	PEMOVAL (Specify)	7/79/50		Morela	and He	m. Pk.		F	alto. k	id.			
23.	FUNERAL DIRECTORS	SIGNATURE		ADORESS	1.6	7h	240. REC'D	BY REGIST		STRAR'S S	IGNATUR	RE	
	MM-Y	· Vialer	ur	* sou	1-12	alig!	DATEJAN	1 9 5	9	. 72	them	A	

VS A15 (4) 15M 10/57

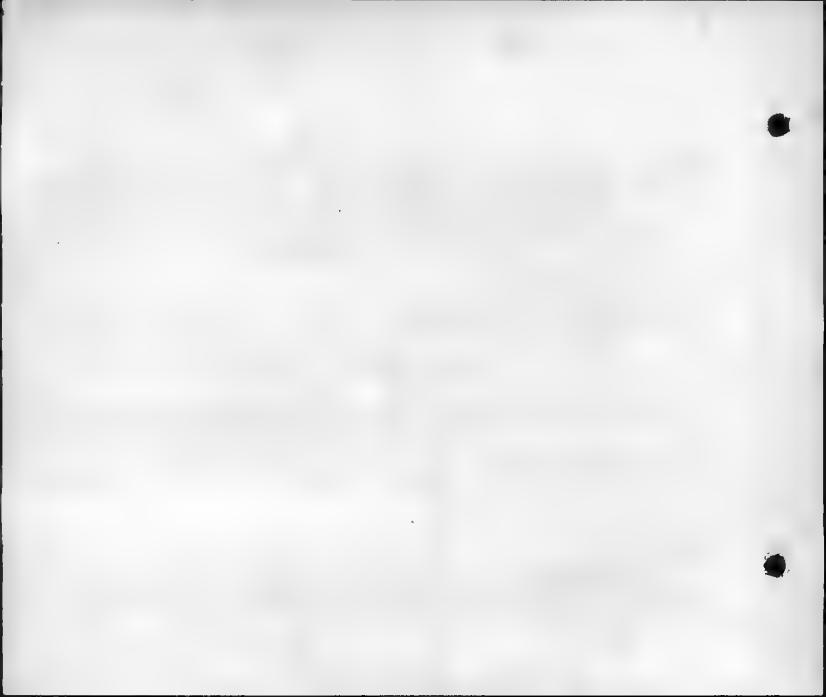


' Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE b. COUNTY									
		Bal timore Bal timore			MARYLA	IND	Marylahd							
	- 1	RURAL and give pearest tawn)			c. LENGTH OF STAY IN	1 19	c. CITY OR 1	OWN (IF o	utside carpo	prote limits, wr	Ite RURAL	and give ne	arest lown)
					Lyremthldy	Balt	imore				- 4 -			
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CONTRACT CONTRAC						d. STREET A	DDRESS					e. IS RES	IDENCE
	SPRING GROVE STATE HOSPITAL 3. NAME OF First Middle						11,22 Charles Street (south)							
	- 1	DECEASED	-				Los		4. DATE OF	1	Month	Do	y 1	Year
		Type or print)		orge	Patrick		Egal		DEATH		Max y	/		19 2 7
1	5. 5				IED NEVER MARRIED		DATE OF BIRTI		10	9. AGE (In ye	ors UFUN Dy) Mon	IDER I YEAR	Hours Hours	R 24 HRS Min.
		ale	white	WIDOWE			Jan. 2				γn			
	100	ancing wast at works	N (Give kind of work : ng life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS		_		ountry)	112	CITIZEN (
1		watchman			Jane King	£	Ma	arylar	nd			U.	S. A	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
		Unkno	wn						Unkn	lown				
		WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT				Address			
	U	nknown	,		Unknown	Re	cords:	SPRIN	IG GR	OVE S	TATE	HOSP	ITAL	
		18. CAUSE OF DEAT	H [Enter anly one co	use per lin	e for (a), (b), and (c).]	11							ERVAL BE	
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH												
		421.1 DUE TO .												
1		Conditions, if any, which) By Anytet - Freingt Helen the												
1		gave rise to immediate cotse (a), stating the under DUE TO												
		lying couse lost (c) there is the till of the standard												
	0	PART 11. OTH	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(o)	19. WAS A	AUTOPSY
2	CERTIFICATION													NO D
	RTIFI	20g. ACCIDENT WAS	UNDERLYING	20Ь. DESC	RIBE HOW INJURY OCC	CURRED	. (Enter nature a	Finjury in P	art I or Par	t II of item 1B.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL	20c, TIME OF INJURY Hour o. m.	Manth, Day, Ye			Oe. PLA	CE OF INJURY (Home, form,	20f. (City	or town)		(County)		(Stote)
	MED	p. m.	19	While of work	Not while	Tuci	ory, siredi, bitto	. crog., etc.	'					
		21. I certify the	at Lattended the	decease	ed from Dec.	23	. 19 5	3 ta J	2. 1	4- 10	5 Giba	t I last si	nw tha	decenses
		alive an	1. 14	. 19	, and that d				EM fear	n the cause				
			- Ω Λ	1	1					lreel, city or lo		iii iiie uu		TE SIGNEC
		ACTUAL SIGNATURE	722	is of	P. B. V. Th	۸	SPI	RING	GROVE			SP1 TAI	<u></u>	
7			ames Donal	ld Dri	inkard, M.D.									
		NAME (Type)					Cat	تلاحيين	lle_2	8 Mar	rland			
	220	BURIAL, CREMAT ON	, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OR		0	22d. LOCA	TION (City, to	en, ar coun	ity)	Stote	1 ,
		BALLOX	1 Can 1	7,195	7 Jew	160	alirect	al	V.	Sact			inc	
	23.	FUNERAL DIRECTOR'S	SIGNATURE Q	-	ADDRESS	0.	0 . 4	24a. REC'E	BY REGIST	RAR 24b. R	EGISTRAR'	S SIGNATU	RE	
		100	outing 6	Uns	1400 86	1 Lu	lest	DATEN 1	5 '59	C	" w] a ?	· nous		

uneral director, d be filed with TO HUMINIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate bill exacuted within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

10 FUNERAL DI LR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should Loched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 faurs after death.



uneral director, ald be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 260

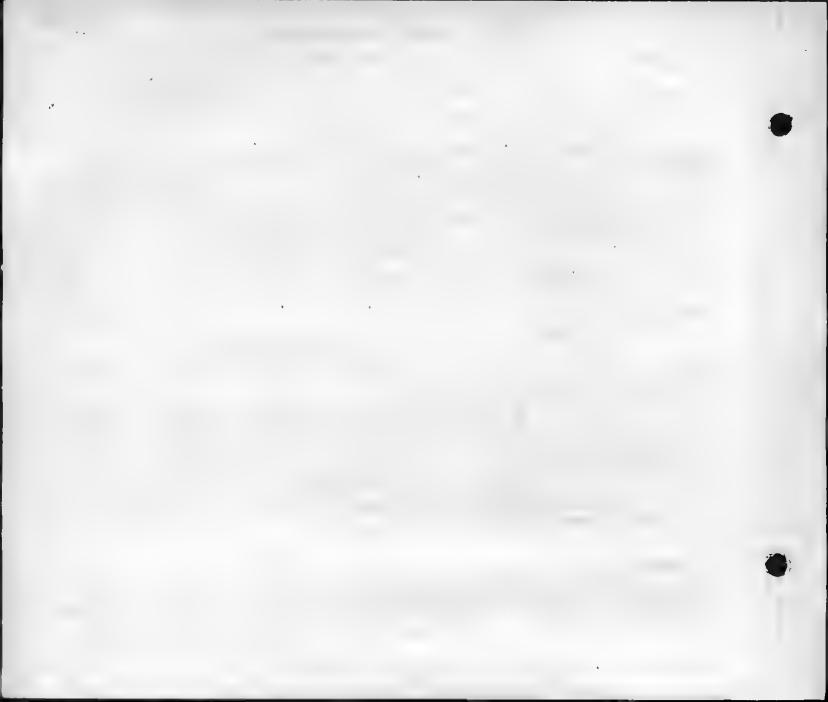
CERTIFICATE OF DEATH

00242

-		Reg. Dist. 140,							
1.	PLACE OF DEATH O. COUNTY Baltimore MARYLAN	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before od o STATE Maryland b. COUNTY Baltimore							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill							
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Box 146 Rte 1	0 3.1/ 0, 4	RESIDENCE IN A FARM? S NO						
3.	NAME OF DECEASED (Type or print) Mrs Mabel M.	Engler death January 29th	Yeor 19 59						
5.	sex 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Female white WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (10 years IF UNDER 1 YEAR IF U Months Days House Days House Days House Days House Days Days Days House Days Days	INDER 24 HRS. urs Min.						
16	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Inducing most of werking life, even if retired)	Baltimore, Maryland US	HAT COUNTRY						
13	FATHER'S NAME James Bolen	? Kindervater							
	WAS DECEASED EVER IN U. S. ARMED FORCES? (16 No or unknown) [1] year, give war or dates of service)	Mr. Frank (. Engler, Box 146 Rt	1						
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		L BETWEEN						
	Conditions, if any, which gave rise to immediate (b) 4 (b) 4 (b) 4 (b)	Mattie inimacelliuma 11	rearth						
7	cause (a), stating the under- lying cause last. DUE TO								
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	YES	REFORMED?						
		RED (Enter nature of injury in Part I or Port It of item 18)							
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White Not white of work of work	PLACE OF INJURY IHome, farm, 20f (City or town) (County) factory, street, affice bldg., etc.)	(Stote)						
		th occurred atM, fram the causes and on the date st							
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. 126 - 16 - 19 19 19 19 19 19 19 19	DATE SIGNE						
	PHYSICIAN'S H. P. SIDWELL Mi	p	/						
_		! Mem Park Baltimore, Maryland	(State)						
23	Leonard J. Ruck 5305 Harford Ro	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEED 2 159 7 107 8 Trans							
_									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or aftending physicion.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should Letoched for use as the burial-transit permit. Then please ramove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours, after death. VS A15 (4) 15M 9/55



		403	CERT	CERTIFICATE OF DEATH					Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY altimo	ore		HAR	LLANG	2. USUAL RESI	DENCE (Wh	ere deceased	lived. If institute b♯CQUNTY	on Residence	before odn	nission)	
RURAL and give no	If outside carparote limi earest lown)	ts, write	c. LENGTH OF STAY	(IN 16	c. CITY OR	TOWN (If or	utside corpor	ale limits, write R	URAL and giv	ve nearest fo	own)	
Faltimo			[#J [7]	r	Tim	ontu	: alu	it ore	Jeant	У		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, and Rd. Time	jive street	oddress)		d STREET	-	7 7 7	7 7 94 7 7	- 10	ON	RESIDENCE A FARM?	
3. NAME OF	Fig	^	Middle		lo		4. DATE	Mor		Day	Year	
(Type or print)	Nel		Edwin		nglund	31	OF DEATH	Jan.	17	Day	19 59	
5. SEX			NEVER MARR		8. DATE OF BIRT	Ή	1	P. AGE (In years lost-burthday)	IF UNDER T	YEAR IF UN	NDER 24 HRS.	
Male	White	WIDOW	_	_ ;	Jan.25	,1 .77		lost birthday)	Months D	Days Hau	rs Min.	
10a USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	1 1				LACE (Stote o	or foreign ca	untry)			AT COUNTRY	
1 in att	1.t	. 9	th.Steel	Cor	p Ne	w Jer	sey		U.	3.A.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Carl Osc	car Englu	nd			Anna	Nels	on					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17 II	NFORMANT			Add				
7.0	fit has Business or common as		12-20-52	39	J.1'.En	glur	,772	J. (th	"t.Da	rby,	Pa.	
Canditions, if o gave rise to i cause (a), stoling lying cause last. PART II. OTI	mmediate Dur 70)	2. CONTRIBUTING TO CE	FATH BUT	NOT RELATED TO	THE TERMIN	MAL DISEASE	CONDITION GIV	EN IN PART	PER	FORMED?	
	AS UNDERLYING DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	OCCURRED). (Enter nature c	of injury in P	ort I or Part	ll af ilem 18.)		YES	No E	
20c. TIME OF INJUR Hour o. jr. p. m.	Y Month, Day, Ye	or 20d. I While at wor	NJURY OCCURRED Nat while at wark	20e. PL/ fac	CE OF INJURY (tary, street, affic	(Home, farm, e bldg., etc.)	20f. (City	or tawn)	{Co	unly]	(State)	
21. I certify the alive an actual signature name (Type)	det l'attended the	deceas 12 R	- ~ 7/	death Yow	accurred at M.D. S. 143	2, 10 (fa 3 (fa) Poul D.	PM, from	the causes of town, city of town,				
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEN					ON (City, town,	**	,	late)	
23. FUNERAL DIRECTOR	The state of the s	9	ADDRESS	U T U B	e J .	1		timore				
7 DIC	'owson,	Inc.		j .a	h. a.		N 9 1 15		STRAR'S SIGN	NATUKE		

unerol director, Id be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DISCOUNT After this cellulice. So been signed by the attending plysician and campletely filled in by page 3 should. Jetached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

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VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00244

CERTIFICATE OF DEATH 262 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased I ved If institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE 6 COUNTY MARYLAND Dorchester Marvland Baltimore CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown) RURAL and give nearest town) h days East New Market Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IX Veterans Administration Hospital NAME OF First Midd e 4. DATE Month Yeor Day CHEN H. FOWLER 1959 (Type or print) DEATH January 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS iosl birthdoy) Months Doys Hours Male White 81. WIDOWED KI DIVORCED [7] yrs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bendix Aviation Washington, D. C. Lawver U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Fowler Henrietta M. Bestor 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address Yes 373-01-0305 Clin. Rec. VA Hosp. Ft. Howard, Md. TB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN PART . DEATH WAS CAUSED BY. PULMONARY EMBOLUS li days IMMEDIATE CAUSE (a) MIXXX CEREBRAL INFARCTION Conditions, if ony which 3 davs gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost GENERALIZED ARTERIOSCEEROSTS Unknown. PART L. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10-119 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of stem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town)) (County) [Stote] foctory, street, office bldg., etc.) Hour om. While Not while of work of work 21. I certify that I oftended the deceased from December 30 , 1958, to January 3 ..., 1959 thrus deceased from December 30 , 1958, to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1959 thrus deceased from December 30 , 1958 , to January 3 ..., 1958 Diges were contact to the course of the cour DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE VA Hospital, Ft. Howard, Md. PHYSICIAN'S HIRAM B. CURRY. M.D. NAME (Type) VA Hospital, Ft. Howard, Md. 1/

shauld strar pri

0 VS A15 (4) 15M 9/SB

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FUNERAL

agod

23 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Burdal

220 BURIAL, CREMATION, 226. DATE THEREOF

1-7-59

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

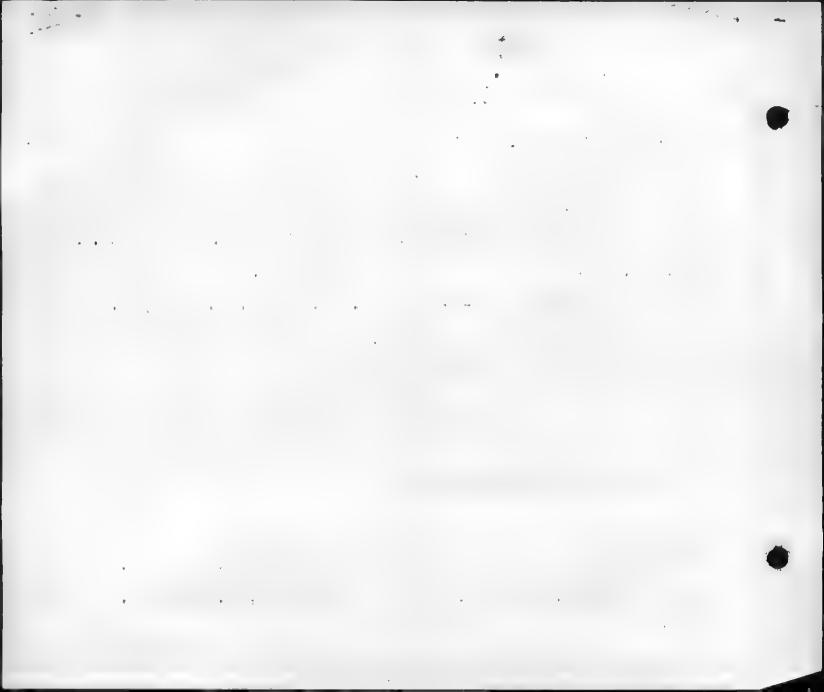
Arlington National Cemetery 24g. REC'D BY REGISTRAR

Arlington 24b. REGISTRAR'S SIGNATURE

C +1 + 3. Freus

22d. LOCATION (City, town, or county)

William Lee's Sons Co. 300-4th St.N. HDATE JAN 6 FUNERAL HOME, 4th & MASS. AVE., N.E. WASH., D.C.



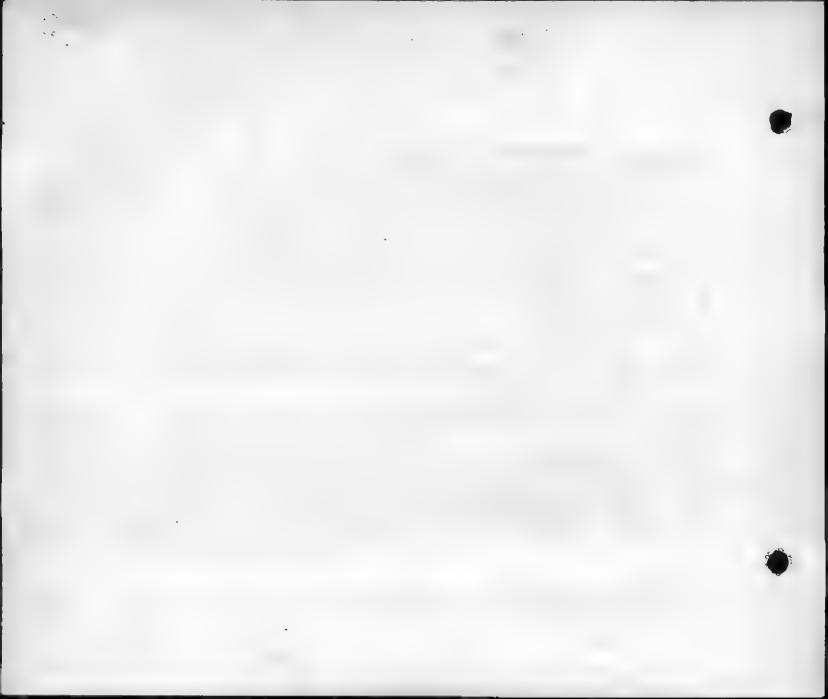
Reg. Dist. No.

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		O COLNEY O COLNEY O STATE OF BEATH	At RESIDENCE (Where deceased lived If institution: Residence before admission) TATE HARYLAND 6 COUNTY BALTIMURE
	t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 CW30 H 55	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest 15wn)
^d by	4		TREET ADDRESS 04 DIXIE DRIVE ON A FARM? YES NO NO
	- (3. NAME OF DECEASED [Type or pr ml] FCX First LOUISA Middle 5	Lost 4. DATE Month Day Year OF DEATH JANUARY 1959
	5 5	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 B DATE OF THE MALE WHITE WIDOWED DIVORCED APP	OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
1	4	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17 E during most of working life, even if retired 5 EC. SCHOOL	BIRTHPLACE (Stole or foreign country) 12. CIT ZEN OF WHAT COUNTRY? V.S. A,
	13.	13 FATHER'S NAME OFORGE FOX A:	DILENE COE
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN (You no grundhown) (19 yeu, give wor or dates of service)	GEORGE D FOX
		PART I. DEATH Enter only one couse per line for (o) (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) THE REPORT AL	PRTERIOS OLEROSIS INTERVAL BETWEEN ONSET AND DEATH
		The state of the s	ARTERIOSCLEROUS ICYLLIA
		gave rise to immediate couse (a), stating the under-lying cause lost	10 yes
)	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES
	CERT	OR CONTRIBUTING CAUSE OF DEATH	noture of injury in Part I or Part II of item 18)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN While Hour o. m. While Not while p. m. 19 of work all of work all of work and work are presented by the presentation of the presentat	NJURY (Home, form, 20f (City or town) (County) (State) et, office bldg., etc.)
		21. I certify that I attended the deceased from, 1959, and that death accurre	1949, ta July 1, 1919, that I last saw the deceased ed of 10 M, from the causes and an the date stated above.
		ACTUAL AS. Chalfaut MD.	ADDRESS (Street, city or lown, stote) DATE SIGNED STOTE ADDRESS (Street, city or lown, stote) DATE SIGNED
		PHYSICIAN'S ASCHALFANT	Auturn 15 My
	na	220 BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS OF CREMATE PROPERTY OF CHARLES	TORY CEY BALTIMURE CO. (Stote)
	23.	JOHN BURNS SONS TOWS N.	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE: 9 '59 C - 3 8 / Thurs
- 4	Lane .		

ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to the haspital or attending physician.

TO FUNERAL DISCORDANCE AREA This certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

neral director, should be filed with

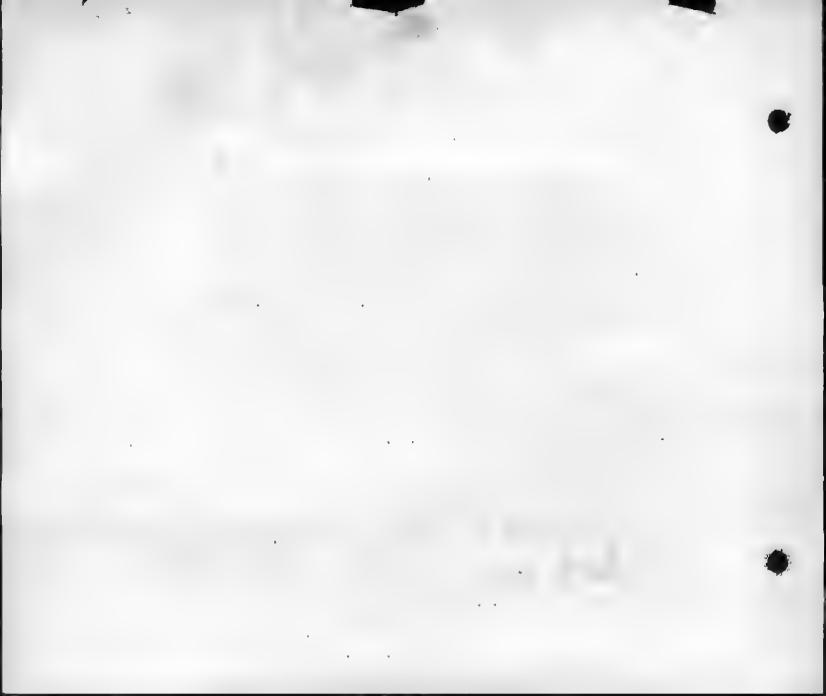


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DANGERAL SICIAN: The taw requires that the death certificate be executed within 24 haurs after death. Page 4	**	After this certificate has been signed by the attending physicion and completely filled in by it	hed far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shows be filed with	/
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E	10	this:	10 US	OE WAS
	hospital ar attending physician.	After	hed fo	101

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 264 **CERTIFICATE OF DEATH**

				Keg. Disi. 140.	
1. PLACE OF DEATH . COUNTY Baltimore	MARYLAND 2 USL	AL RESIDENCE (Where	b. COUNTY	on Residence before	admiss on)
RURAL and give nearest town)	6 Days	4 - 41	de corporote limits, write R		est town) (14)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Veterans Administration Hos) /d.	STREET ADDRESS	Leigh Road		IS RESIDENCE ON A FARM? YES NOK DO
3 NAME OF First DECEASED (Type or print) WILLIAM	Middle J. FRA		DATE Mor OF DEATH Janua		Yeor 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		of BIRTH ember 19,18	9. AGE (In years last birthday)	Months Days	
10a USUAL OCCUPATION (Give kind of work done 10b KIND of during most of working life, even if retired) Plasterer Const	OF BUSINESS OR INDUSTRY 11.		foreign country)	12. CITIZEN OF	WHAT COUNTRY
John C. Francis	14 M	other's maiden nam			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (YALVO of unknown) [If PAWIT or or dotter of service]			n. Hospital, Ft		Maryland
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS. 1. Old Gerebral Infarction,	PNEUMONIA, RIG	ATED TO THE TERMINA Coronary T	L DISEASE CONDITION GIV	ONSE 25	WAS AUTOPSY PERFORMED?
OR CONTRIBUTING LI CAUSE OF DEATH OF CONTRIBUTING	OCCURRED 20e. PLACE OF 1	NJURY (Home, form, et, office bldg., etc.)		(County)	(State)
21. I certify that Kattended the deceased fra	m January 1	red at 5:30P. A	nary 27, 1959 M, fram the causes of press (Street, city or town, WARD, MARYLA	and an the date slote)	stated abave DATE SIGNED
PHYSICIAN'S NAME (Type) CHIEN WET LAN, M.D.				1 tr	
_REMOVAL (Specify)	NAME OF CEMETERY OR CREMA		d location (City lown, or Baltimore, Ma	or county) ryland	(Stote)
	DDRESS Balto., Md.	24a. REC'D B	9 15 q	STRAR'S SIGNATURE	
Leonard Ruck Funeral Home 530	5 DESTRUCTION OF THE STATE OF T	2/116	CV.	wat I se	



TO FUNERAL DIX
Page 3 shauld be TO HOSPITAL OR

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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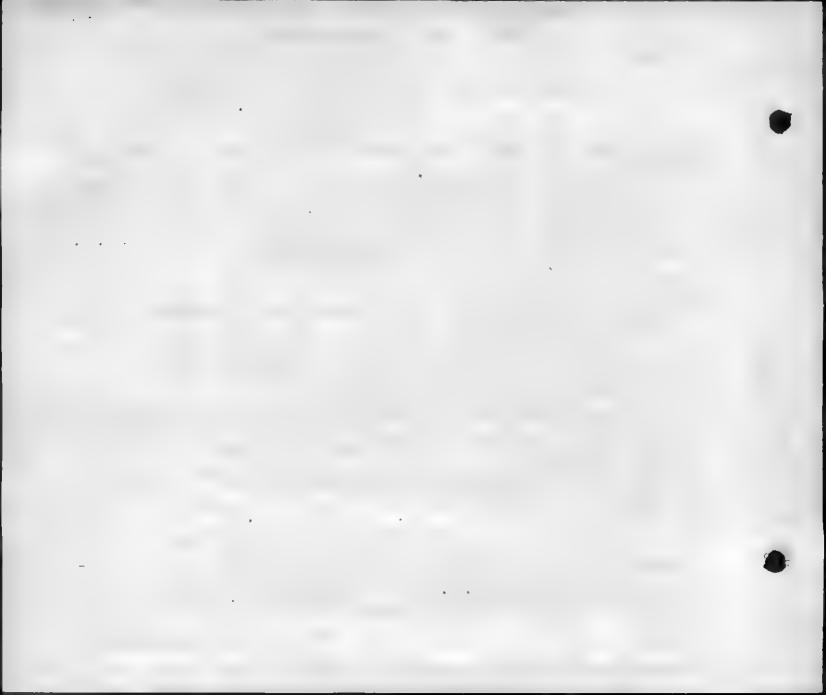
CERTIFICATE OF DEATH 265

Reg. Dist. No.

1. PLACE OF DEATH b. COUNTY_				2	USUAL RESIDENCE (W	here deceases		n: Residence	before adr	mission)	
Balti	more		MARYL	AND	Maryland b. COUNTY						
b CITY OR TOWN (If RURAL and give ne	outside corporate limits	write c LE	NGTH OF STAY I	d lb	c. CITY OR TOWN (IF	outside corpo	rote limits, write RU	IRAL ond give	e nearest t	own)	
	Howard	5.	3 Days		Baltimore						
d. NAME OF HOSPITA	AL (If not in hospital, giv	e street addres	5)		d STREET ADDRESS				e. 15	RESIDENCE	
	ns Administ	ration	Hospital	L	1304 Br	oening	Highway			N A FARM?	
3 NAME OF DECEASED	First		Middle		Lost	4. DATE	Month	h	Dov	Yeor	
(Type or print)	FREDER	CK			FRANCK	OF DEATH	January		15	19 59	
S. SEX	6 COLOR OR RACE	MARRIEDE	NEVER MARRIED	5.1	DATE OF BIRTH		9 AGE (In years	IF UNDER 1 Y	- the		
Male		VIDOWED 🗍	DIVORCED		uly 15, 189	5	lost birthdoy) (3	Months Do	ys Hou	rs Min.	
100 USUAL OCCUPATIO	N (Give kind of work do	ne 10b KIND	OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZE	N OF WH	AT COUNTRY	
Tile Sette		Const	truction		Baltimore	Marv	land	II. S	S. A.		
13. FATHER'S NAME					4. MOTHER'S MAIDEN						
Louis Fran	ck				Margaret S	trump					
15. WAS DECEASED EVER	IN U. S. ARMED FORCE		L SECURITY NO	17 INFO		0 2 000	Addre	256			
Yes	t yes, give mor or dotes of serv	218-	10-2585	Clin	Rec. Vet A	dm. Hos	mital Ft	Howard	d Mar	hrefv	
	TH Enter only one cour			10-2-2-2-2	Med 1	00118 420 0	DIOCET SE OF				
	PART I. DEATH WAS CAUSED BY. EPIDERMOID CARCINOMA NASOPHARYNX, RIGHT, WITH 1 YR. 8 MO.										
146X											
Conditions, if on		T. 1711 T 1711 T 1	مري س								
gove rise to in	mediote (
Couse (a), stating to	he under-										
	ER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INIAI DISEASI	CONDITION CIVE	NI INI DADY N	-1/10 W/	AS AUTOPSY	
ATIO			221110 10 2011		TACCATED TO THE TERM	INAC DISCASI	COMBINON GIVE	IN IN EMEL IE	PER	REORMED?	
200 ACCIDENT WAS	UNDERLYING []	Ob DESCRIBE I	HOW INJURY OC	CURRED (inter noture of injury in	Port Lor Port	11 of item 18.1		AF2	NO 🚻	
OR CONTRIBUTING I	CAUSE OF DEATH			ornico (the total of injury in	1011 101 1011	Troffication,				
20c. TIME OF INJURY	Month, Doy, Year	20d, INJURY	1		OF INJURY (Home, form, street, office bldg., etc.		or town)	(Cou	ntyj	(Stote)	
₩ p. m.	19	While h	l work	Tuelor;	, area, ornes brog., ex	"					
					3, 19 <u>.58</u> , toJa						
Officeamocococc	200000000000000000000000000000000000000	x120000	C, and that d	leath a	curred at 7:10				dote str	ated above.	
ACTUAL QUE	rould M. Will	LA 9				ADDRESS (St	reet, city or town, st	lole}		DATE SIGNED	
ACTUAL SIGNATURE				M D	VA HOSPIT	AL, FT	. HOWARD.	MARY	LAND	1/15/5	
PHYSICIAN'S										, , , ,	
NAME (Type)		LER, M	D., Chie	ef, S	urgical Ser				i, Ma	ryland	
220. BURIAL, CREMATION REMOVAL (Specify)			NAME OF CEMET	ERY OR C	REMATORY	22d. LOCAT	ION (C ty, town, or	county)	(S	itote)	
Burial	1	959 51	Matthe	ews C	emetery	Balti	mo re, Mar	yland			
23 FUNERAL DIRECTOR'S	E. 20		DORESS Jeff	fersn	n St. 240 REC	D BY REGIST	RAR 24b. REGIST	RAR'S SIGNA			
Hart The Mil	len Funeral	Home I	Baltimore	Ma	ryland DATE	M 1 6 5	y con	A R	south.		
				-	7.00	-					



death.



10 VS A15 (4) 15M 9/5B

page

OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? YES INO I 190 IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE LONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 1 (Stote) (County) Ithat I lost sow the deceased M, from the couses and on the date stated above. 220 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOGATION (City, town, or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR PATEJAN 2 7 '59 Cathries & Krous



abod 0 VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

.____, 19.5. 7. that I lost saw the deceased 6 wings MILLS, Md. 22d LOCATION (City town, or county) (Stote) 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JAN 1 4 '59

e. 15 RESIDENCE

Doys

(County)

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES A NO

(State)

ON A FARM?

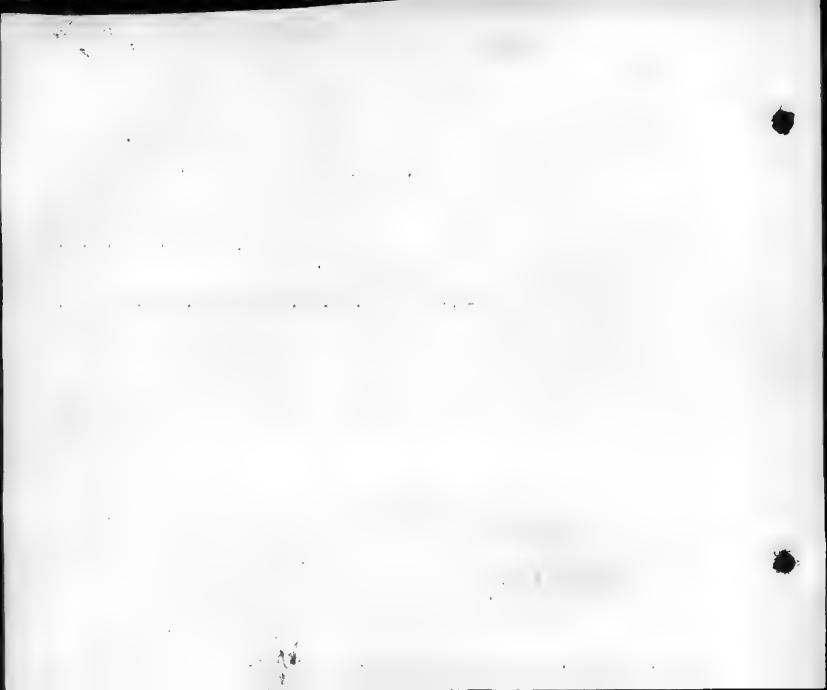
YES NO X

Yeor

19.4

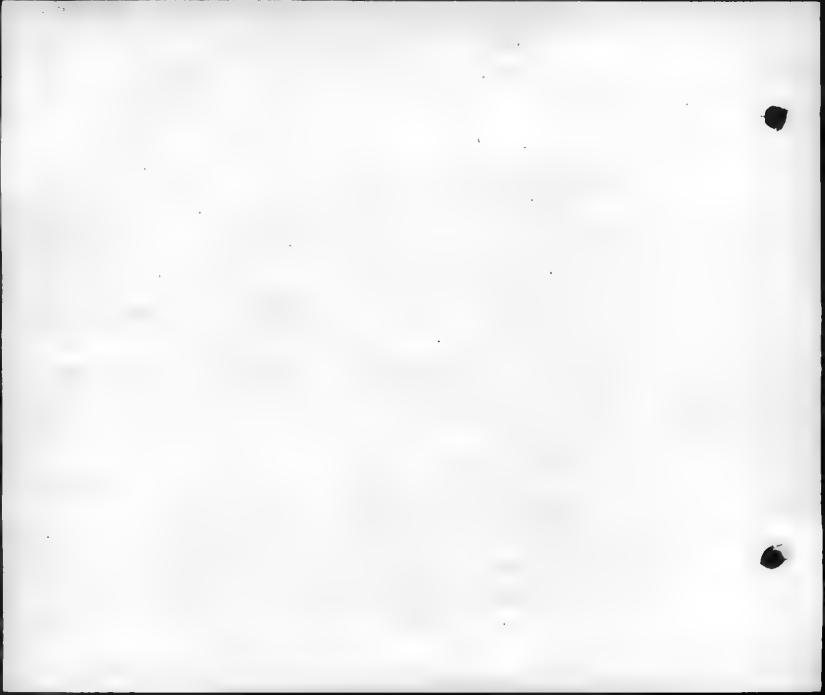


HOSPITAL





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	PLACE OF DEATH	el Film 200			2. USUAL RESIDENC			Reg, Dist. No	and the same of th
7. 7.	a. COUNTY	altimore		MARYLAND	o. STATE MATV		b. COUNT		
	b. CITY OR TOWN	(If pulside corporate limits, writ	# RURAL C. LEN	GTH OF STAY IN 16			rote limits, write	RURAL and give a	
	and give nearest to	d wison / Lodge	rs Force		Totals	111	gers Fo		
		PITAL OR INSTITUTION (e street oddress)	STREET ADDRES	77- 2000	5013 10.	450	e. IS RESIDEN E
	23	30_Overbrook	Road		230	verbroo	k Road		YES NO
3	3. NAME OF DECEASED	Eir	£1	Middle	Lost	4. DATE	Mont	h Doy	Yeor
L.	(Type or print)	JAM	Contract of the contract of th		SAIN	DEATH	Janua	ary 17	1959
- 13	5. SEX	1		EVER MARRIED [3] B D			AGE (in years last brithday)	Months Days	HOURS MA
F) -	Male	White	WIDOWED		uly 11, 19	-4	12 yrs		
* / I'	auring most of wor	TION (Give kind of work rking life, even if retired)	done 10b KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or foreign cou	infry)	12 CITIZEN O	F WHAT COUNTRY
	Student 13. FATHER'S NAME				Md . 4. MOTHER'S MAIDE				
		. Girvin		l'					
h		EVER IN U. S. ARMED FO	RCES? 116, SOCIAL S	ECURITY NO 17 INF	ORMANT	Jane Day	Address		
	[Yes, na, or unknown]	lif yes, give war or dates of	none	3 Mrs	Jane D.	Ci mrin	Addiess		
-	18 CAUSE OF D	EATH (Enter only one cou	use per line for (o), (i		o o o o o o o o o o o o o o o o o o o	CITTATII		TINTE	IVAL DELWICH
		EATH WAS CAUSED BY:	Asph	yxia due t	o hanging			ONS	ET AND DEAT I
	936.0	DUE TO							-
V	Canditions, if								
	gove rise to imp								-
	coure last.	(c)							
	Z PART II, C	THER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO THE TE	RM NALDISEASE (CONDITION GIV	/EN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED?
									YES 🔲 NO 🗍
2	S 200 EVIENNIAL C	241165 34/45	S Descript HOW D	HIN OCCUPATO AT A					INO []
2	20a. EXTERNAL OF PRIMARY OF OF DEAT	CAUSE WAS 20	b. Describe How in	NURY OCCURRED. (Ente	e plaving	Port I or Part II of	ifem 18)		NO []
	PRIMARY 1 or C CAUSE OF DEAT	н.	Hung	self whil	e playing				
12	PRIMARY OF CAUSE OF DEAT	JURY Month Day, Yes	Hun 7 20d. INJURY C	Self While OCCURRED 200 PLACE factory	e playing Of INJURY (Home, f., street, office bldg.,	orm, 120f. (City o		(County)	(Slote)
12	PRIMARY OF CAUSE OF DEAT 20c. TIME OF IN. Hour 5 pr	JURY Month Doy, Yes n. 1/17/5,9	Hun 7 20d. INJURY C While N of work of of	Self While CCURRED 200 PLACE factory work H	e playing OF INJURY (Home, f , street, office bldg., ome	orm, 20f. (City o	r town)	(County) Baltin	(Stote)
12	PRIMARY Dor C CAUSE OF DEAT 20c. TIME OF IN. Hour 5, p r 21. I certify	JURY Month Doy, Yes 1/17/59 that I taok charge	Hung 20d. INJURY C While of work of the remains	Self while CCCURRED 200 PLACE factory work H	e playing OF INJURY (Home, f., street, office bldg., ome c, held an Auta	psy , Ins	r town)	(County) Baltin	(Stote) nore Md.
12	PRIMARY Dor C CAUSE OF DEAT 20c. TIME OF IN. Hour 5, p r 21. I certify	JURY Month Doy, Yes n. 1/17/5,9	Hung 20d. INJURY C While of work of the remains	Self while CCCURRED 200 PLACE factory work H	e playing OF INJURY (Home, f., street, office bldg., ome c, held an Auta	psy , Ins	r town)	(County) Baltin	(Stote) nore Md.
12	PRIMARY Dor C CAUSE OF DEAT 20c. TIME OF IN. Hour 5, p r 21. I certify	JURY Month Doy, Yes 1/17/59 that I taok charge	Hung 20d. INJURY C While of work of the remains	self while CCURRED 200 PLACE factory I work H s described above	e playing OF INJURY (Home, f., street, office bldg., Ome e, held an Auta , Suicide [],	psy 😿, Ins	r town)	(County) Baltin	(State) nore Md.
12	PRIMARY OF OR CAUSE OF DEAT 20c. TIME OF IN. Hour Deat 21. I certify apinion deaf ACTUAL SIGNATURE	JURY Month Doy, Yes 1/17/59 that I taok charge	Hung 20d. INJURY C While of work of the remains	self while CCURRED 200 PLACE factory I work H s described above	e playing OF INJURY (Home, f., street, office bldg., Ome c, held an Auta , Suicide [],	psy 😿, Ins	pection [],	(County) Baltin Inquiry	(State) nore Md. , and in my er DATE SIGNED
12	PRIMARY To re Cause of Deat 20c. Time of In. Hour 5 p. 21. I certify apinion deat	JURY Month Doy, Yes 1/17/59 that I taok charge	Hung or 20d. INJURY C While of work No a of the remains Natural causes D. S. Jeb	self while CCURRED 200 PLACE factory I work H s described above	e playing OF INJURY (Home, f., atreet, office bldg., Ome c, held an Auta , Suicide [], ALD CHIEF MEDICAL ASSISTANT MEDICAL	psy , Ins Hamicide [pection [],	(County) Baltin	(State) nore Md. , and in my er DATE SIGNED
2	PRIMARY To re CAUSE OF DEAT 20c. TIME OF IN. Hour To Primary 21. I certify apinion deat ACTUAL SIGNATURE EXAMINER'S NAME (Type)	that I tack charge the resulted fram: I Charles S. Charles D. Date THEREC	Hung or 20d, INJURY C White of work of the remains Notural causes D. S. Petty	self while CCURRED 200 PLACE factory I work H s described above	e playing OF INJURY (Home, f., street, office bldg., OMe e, held an Auta , Suicide [], ALD CHIEF MEDICAL ASSISTANT MED DEPUTY MEDIC.	psy , Ins Hamicide [EXAMINER]	pection [],	(County) Baltim Inquiry Trmined monne	(State) nore Md. , and in my er DATE SIGNED
2	PRIMARY Dor CAUSE OF DEAT 20c. TIME OF IN. Hour Br. D p. 21. I certify apinion deaf ACTUAL SIGNATURE EXAMINER'S NAME (Type) 170- BUR AL, CREMA REMOVAL (Speci	that I tack charge the resulted fram: I Charles S. Charles S. 1/20/59	Hung 20d. INJURY C. While of work Note of the remains Note of the	Self while CCURRED 200 PLACE factory work H s described above Accident M ME OF CEMETERY OF CR	e playing OF INJURY (Home, f., street, office bldg., Ome c, held an Auta Suicide [], ASSISTANT MED DEPUTY MEDICAL MEMATORY Cem.	psy , ins Hamicide [EXAMINER] HEXAMINER] AL EXAMINER] 22d LOCATIC Balt	pection, Undete	(County) Baltim Inquiry [] strmined manne 1/18/	(Stote) (Stote) (Stote)
2	PRIMARY To re CAUSE OF DEAT 20c. TIME OF IN. Hour 5 pr 21. I certify apinion deal ACTUAL SIGNATURE EXAMINER'S NAME (Type) 170. BUR AL, CREMAI REMOVAL (Speci	that I tack charge the resulted fram: I Charles S. Charles S. 1/20/59	Hung 20d. INJURY C. While of work Note of the remains Note of the	Self While CCURRED 200 PLACE factory I work 1	e playing OF INJURY (Home, f., street, office bldg., OME e, held an Auta , Suicide [], ALD CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICAL IEMATORY Cem 240 Ri	psy , ins Hamicide [EXAMINER] HELEXAMINER] 22d LOCATIO	pection, Undete	(County) Baltim Inquiry Trmined monne	(Stote) (Stote) (Stote)



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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer

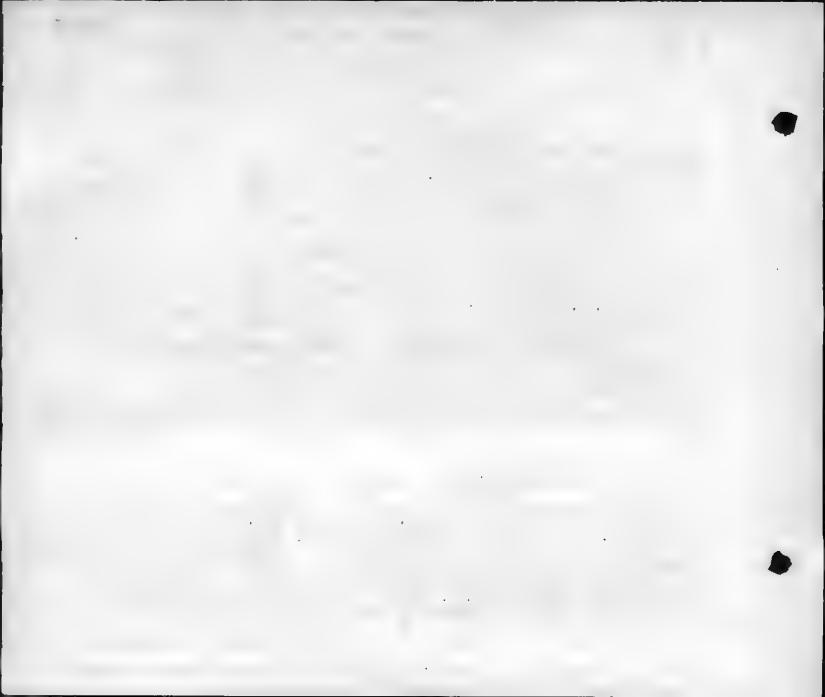
TO FUNERAL DIF TO HOSPITAL OR

VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 273

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived of institution, Residence of STATE Maryland b COUNTY	before admission)						
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest town)						
Catosville 23 days	Baltimore							
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
SPRING GROVE STATE HOSPITAL	7 North Carey Street	YES NO						
3. NAME OF DECEASED (Type or print) William S.	Godfrey 4. DATE Month OF DEATH January 29	Day Year						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	A STATE OF THE PARTY OF THE PAR	EAR IF UNDER 24 HRS						
male white widowed A DIVORCED	January 10, 1090 02 yrs.	rys Hours Min						
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) interior decorator hardwood floor		S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
William Godfrey	Anna Brady							
(Yes no or unknown) (If was give your or riotes of secure)	NFORMANT Address Recor ds: SPRING GROVE STATE	IOS. TPAL						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Decompensated car	diac failure	ONSET AND DEATH						
DUE TO								
	Conditions, if ony, which) Hypertensive cardiovascular disease							
gave rise to immediate cosse (a), stating the under-								
lying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		a) 19 WAS AUTOPSY PERFORMED?						
Chronic pleural	mphysema	YES X NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part 11 of ilem 18.)							
	ACE OF INJURY (Home, form, 20f, (City or town) (Courtory, street, office bldg., etc.)	nty) (Stale)						
Hour e. m. While Not while 100	and the state of t							
21. I certify that I attended the deceased from Nov. 2'	7 . 19 58, to Jan. 29 , 1959 , that I las	t saw the decease						
alive an Jan. 29 19 59 , and that death	accurred at 12:309. M, from the causes and an the	date stated above						
	ADDRESS (Street, city or town, state)	DATE SIGNE						
SIGNATURE Stella Wachster	M.D. SPRING CROVE STATE HOSPITAL	1-29-59						
PHYSICIAN'S Stella Wachsler, M. D.	Catonsville 29, Maryland							
20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 2/2/59 Batto-Watto		(Stote)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	ATURE						
Just the letter to	Will Religion Maria Day							



1 2	tems 18-21 Film MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
STATE	MEDICAL EXAMINER	L'S CERTIFICATE OF DEATH Reg. Dist. No.
H DEPT.	1, PLACE OF DEATH o. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
1 膜	b. CITY OR TOWN It outs de corporate Emils, world RURAL C. LENGTH OF STAY IN 1	n transferred paretrimente
23/	and give negresi team) Catonsville	Catonsville
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS WYNDCREST ON FIRE
	122 Mariok Avenue	122 Mindock Ave. YES NO
3% ym	3. NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) BARBARA ANNL	GOEBEL DEATH January 16 19 59
	5. SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Mours Min
1	MIDOWED DIVORCED D	JSTRY 11 BIRTHPLACE (State or faceign country) 12. CITIZEN OF WHAT COUNT
	100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDI- during most of working life even if officed)	JSTRY 11 BIRTHPLACE (Stole or fo/eign country)/ 12. CITIZEN OF WHAT COUNT
.)	13. FATHER'S NAME	TI4. MOTHER'S MAIDEN NAME
	Listie A. Brillion	* CATHERINE SEGERER
-/	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SET HITY NO TIE	
	(You, no, or enlague).	Mt John A. Snehel -IYZINYNDEREST
	18. CAUSE OF DEATH! [Enfar only one cause per line for (o), (b), and (c).]	TINTERVAL BETWEEN
	PART : DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute barbitur	ate intoxication
	710. L DUETO	Annual An
	Conditions, if ony, which (6)	
	gove rise to immediate couse (a), stating the underlying DUE TO	
	cause lost	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
	3	YES 🔀 NO [
	er FRIMART LI DI CONTRIBUTINO LI	(Enter nature of injury in Part I or Part II of item 18)
		and the same of th
	Hour o m. While Not while 5	actory, street, affice bidg., etc.) ¹⁰¹
		Home Baltimore Md
	21. I certify that I took charge of the remains described of	The second secon
	opinion death resulted from: Natural causes Acciden	T . Suicide . Homicide . Undetermined manner .
	SIGNATURE (Waller) (etts.	CHIEF MEDICAL EXAMINER (
<i>p</i> .	SIGNATURE - MERCUS O / EUG.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	(E)
	270 BUBAL CREMATION, 226 DATE THEREOF [22c, NAME OF CEMETERY	
	BUTER 1-20-59 Cottud	of Cem pullo me
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	110 1 1 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
123	- Weller Juneral Hame - Calors	alling passin 21 '59 1 hur & Hacus





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276

CERTIFICATE OF DEATH

Reg. Dist. No.

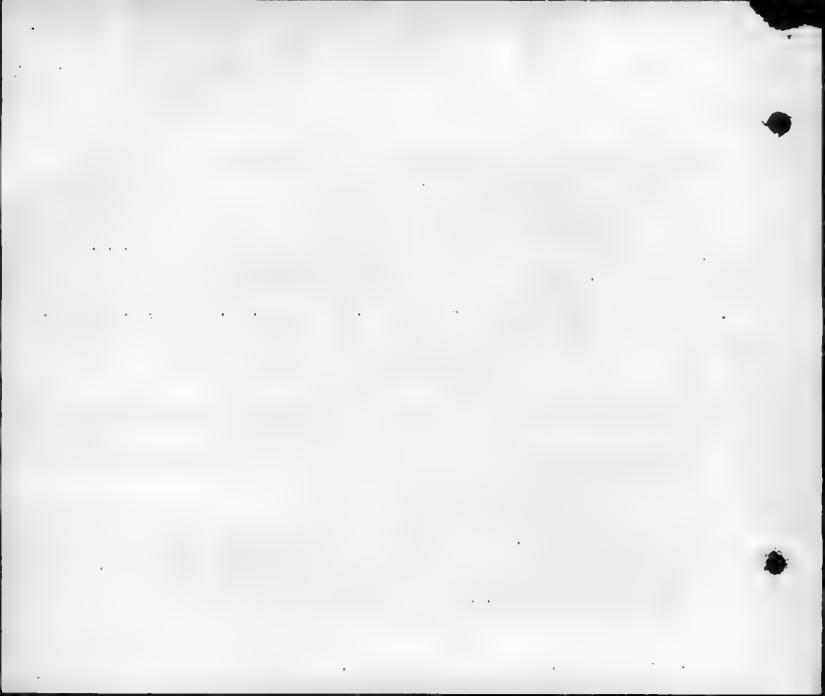
	Place of DEATH COUNTY Baltimore MARYLAN		AND	o STATE	DENCE (WM		lived if institut of b. COUNTY	n Residenc	e before o	dm ssion)		
)	b CITY OR TOWN (If RURAL and give near	rest fawn)	write	c. LENGTH OF STAY I	N 1b	c. CITY OR		itside corpora	ite limits, write R	URAL and g	ive negrest	town)
	Fort Hours d NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, giv				d. STREET A	DDRESS				(RESIDENCE ON A FARM?
3		Administra	atio	n Hospital		1.90	5 Mon	roe Ro	ad		YE	S NO A
	3. NAME OF DECEASED (Type or print)	First CHARI	LES	Middle W.		GRAY	t	4. DATE OF DEATH	Januar	_	Day	Year 19 59
	5. SEX Male		MARR	DIVORCED		3/12/1		9	AGE (In years lost birthday) 39 yrs	IF UNDER		JNDER 24 HRS
	100 USUAL OCCUPATION during most of working Stock Cl	ig lite, even it retired	ne 10b.	KIND OF BUSINESS OF	NDUST	Balt	imore	Mary			ZEN OF W	HAT COUNTRY
						14. MOTHER'S						
	Thomas						ena l	Muelle:	r			
	Yes	IN U. S. ARMED FORCE yes, give wor or dates of sen WI II	1005	7-01-9885		n.Recor	ds.Ve	ts.Adm	.Hospita		Howar	d.Md.
	FART I. DEATI	WAS CAUSED BY: MMEDIATE CAUSE (o)_ DUE TO , which (b)_ mediate (DUE TO	LIV	PER FAILURE RHOSIS OF	LIVE	R					SEV	DAYS ERAL WONTHS
2	ZO- ACCIDENTANCE	UNDERLYING [7] 2		ONTRIBUTING TO DEA						EN IN PART	P	VAS ALTOPSY ERFORMED?
	OR CONTRIBUTING I	Month, Day, Year	While	UURY OCCURRED Not while of work	20e PLA	E OF INJURY (I	fome, form, bldg , etc.)	20f (City o	r town)	(Co	ounty)	(Slote)
	21. I certify that SIGNATURE			ed from Janua	deoth	accurred at.	12:301	DORESS (Sire		nd on the		
/	PHYSICIAN'S CH	IEN WEI LAD	I, M.	.D.		VAH,	FORT	HOWAP	, MATYL	AND		
	270. BURIAL, CREMATION REMOVAL (Specify) Burial	1-2/- 5	9	220 NAME OF CEMEN Baltimore					on (City, town, o			(Stole)
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 RECID			TRAR'S SIGN		
	im.Cook-Blig	ht Inc.6009	Haz	rford Rd. Ba	lto.	Md.	DATE	BY REGISTRA	a a	thung S.	Trans	

death Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

D. FUNERAL DIR

OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be actoched for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 state registrar priar to burial, cremation, or remayal, and in any emint within 72 pours offer death. TO FUNERAL DIR page 3 should b VS A15 (4) 15M 10/57

15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

	1	
_ 6/2/	D-	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	00)2	6	()
1				

278

		V	v	f-
Reg.	Dist.	No.		

1. PLACE OF DEATH	4		2 USUAL RESIDEN	ÇE (Where deceased liyed.	If institution Residence	e before odm ssi	on)
o COUNTY	Baltimore	HUNEAU	o. STATE		COUNTY B	Itimo	re
b CITY OR TOWN (If outs RURAL and give negrout		GTH OF STAY IN 16	c. CITY OR TOW	/N (V outside corporate lim	its, write RURAL and g	ive nearest fown	}
1.17	nonium L		1 × //	monium			
OR INSTITUTION	not in hospital, give street address)		A. STREET ADD	RESS	7	e IS RESI ON A	DENCE FARM?
	nonium Ild		11/	nonium /	10,	YES 🗌	NO Z
3. NAME OF DECEASED	First	Middle	losi	4. DATE OF	Month	Day Y	ear
(Type or print) S. SEX 6. C	Harry		<u>Green</u>	DEATH	can.	On F	957
Malo	White WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	1905 Just	(In years birthdoy) Months yrs.	Doys Hours	Min Min
100. USUAL OCCUPATION (G	ive kind of work done 10b. KIND O		STRY 11 BIRTHPLACE	(State or foreign country)		ZEN OF WHAT	COUNTRY
during may of working lif	le, eyen if refired)	nostructi		Rollo Ma	/	11.5	41
13. FATHER'S NAME	7.01	1111104110	14. MOTHER'S MA	IDEN NAME		0,0,	10_
11/1///	im Green			Mary Whi	etz bach	0 100	
15 WAS DECEASED EVER IN L	J S. ARMED FORCES? 16 SOCIAL	SECURITY NO 17	NFORMANT	~ / 140	Address		
No	2/4-03	3-7702 /	Jary E. C	reen Tim	onium Re	4.	
_	Enter only one couse per line for (o), (b), and (c).]	7			INTERVAL BET	
PART I. DEATH W.	'AS CAUSED BY: EDIATE CAUSE (o)	Corono	vry Do	elusion		ONSET AND	DEATH
420.1	DUE TO						
Conditions, if ony, w							
gove rise to immed couse (o), stating the un							
lying couse lost.) (c)						
PART II. OTHER SIG	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE	E TERMINAL DISEASE COND	ITION GIVEN IN PART	I(o) 19. WAS A	UTOPSY RMED?
\$ 00 LCC 051/5 1/14						YES 🗌	
PART II. OTHER SIGNATURE OF CONTRIBUTING CONTRIBUTION CON	AUSE OF DEATH CAL EXAMINER)	OW INJURY OCCURRE	D (Enler nature of inj	ury in Port I or Port II of it	em 18)		
20c TIME OF INJURY Mo			ACE OF INJURY (Homotory, street, office blo	e, farm, 20f. [City or tow	n) (Ce	ounly)	(Slote)
p. m.		work		1			
21. I certify that I	ottended the deceased from	m JAN. 19	12, 1959, 1	. JAN-24	, 19 <u>59.,</u> that I le	ast sow the	deceosed
olive on JAA	1. 24th 1959	, ond that death	occurred at_8	M, from the	/		
1		•		ADDRESS (Street, cit			TE SIGNED
SIGNATURE	MX- Qui	nn	M.D. 1927	York Rd.	LIMONINA	ma	1/26/
PHYSICIAN'S	· ·		/	1		(, ,
NAME (Type)							
220 BURIAL, CREMATION, 22 REMOVAL (Specify)	16. DATE THEREOF 22c N	AME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, town, or county)	M Store)
22 SUNSPAL DIRECTORS SIGN	1-21-1959 C	University	s Luinera	n Oal	10, 60,	1101	
23. FUNERAL DIRECTOR'S SIGN	NATURE THE PLANT	DORESS	1011	FARL F ' Q	24b REGISTRAR'S SIGI	NATURE I wand	
assann Tune	rasimones 17	I NUCLL	Itel DA	TE WALLS			



00261

279 CERTIFICATE OF DEATH

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					Kell: Dis	1, 140.
PLACE OF DEATH	25	MARYLAND	2. USUAL RESIDENCE (WI		If institution: Residence	e before admission)
13144 1 MC1	CE .		MAKYZAN	D	13174.	ITM CRL
 b. CITY OR TOWN (If auts RURAL and give nearest 	ide carparate limits, write tawn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and gi	ive nearest town)
OVERLEA		LIFE	X CSALTIMO	RE		
d. NAME OF HOSPITAL (IF	not in hospital, give stree	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
15 CHESL	EY AVE	,	12 CHESL	EYA	/E	YES NO 12
NAME OF DECEASED (Type or print)	First PARBHRIET	- MACGI	E) CREEN	4. DATE OF DEATH	Month //+ //-	Day Year 9 19 5 9
5. SEX 6. C	OLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8 DATE OF BIRTH	9. AG		TYEAR IF UNDER 24 HRS
EEMALE .		VED DIVORCED	5-21-18	12 8	6 yrs.	Days Hours Min.
during most of working li	ive kind of work dane 10b fe, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar foreign country)	tz. Citi	ZEN OF WHAT COUNTRY
HOWEWII	E	HOME	BALTO"	MD-	6	1-5-17-
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	IAME		
RUFUS	SUTER		UNKI	YOUN.		
S. WAS DECEASED EVER IN 1	J. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
_NO.			RS. MARY BL	PCKER	12 CHE	SLEY AVE
	Enter anly and cause per l	*	,			ONSET AND DEATH
PART I. DEATH W	EDIATE CAUSE (a)	coronary o	cclusion			6 วนวูร
HOLU.1	DUE TO					
Canditions, if any, w		hypertension	on, arterios	scleroti	.c	
gave rise to immed couse (a), stating the u		Vas	cular disea	ьe		Lo yra.
lying couse lost.) (c)					
PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
PART II. OTHER SI 20g. ACCIDENT WAS UN OR CONTRIBUTING EL C (IF EITHER, NOTIFY MEDI						PERFORMED? YES NO
200. ACCIDENT WAS UN OR CONTRIBUTING II C (IF EITHER, NOTIFY MEDI	DERLYING 206. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I ar Part II of i	lem 18)	
20c, TIME OF INJURY M Hour a. ft.	Wide		ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	, 20f (City or taw	n) (Co	ounly] (Stote)
p. m.		ork ot work				
21. I certify that I	attended the decea	sed from Pil	21 . 1954 to 08	.n.9	1909 that I le	ast saw the deceased
alive on el Elico C		, and that death	accurred at 8 ti.	AA From the	course and so the	e date stated abave
	0	y and mar dean	r accorred at	ADDRESS (Street, ci	ty or lowe, slote)	PATE SIGNE
ACTUAL	Much	(tiple		erleav		1-1-, 9
SIGNATURE		5 7	M.D	21 100 111		
PHYSICIAN'S NAME (Type)	ic urd i	i. Rigler	balt:	imore 6,	. d.	
20. BURIAL, CREMATION, 2	26. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (C	ily, lown, or county)	(State)
REMOVAL (Specify)	1-12-1959	PARKWOOD	CFM.	ROI TH	· MD-	1
. FUNERAL DIRECTOR'S SIG	NATURE //	ADDRESS	240, RFC"	D BY REGISTRAR	24b. REGISTRAR'S STGI	NATURE
Thomas	Elmil Hours	7401 Belain 8				
- HOURAH	ALLIN STATES	1 8 Juneaus 11 4	7 DATE	IN 1 2 '59	Chillian 9	And the second

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIR A: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld by detached far use as the burial-transit permit. Then please cancer carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



e. IS RESIDENCE

Hours

ONSET AND DEATH

PERFORMED? YES I NO P

(State)

(State)

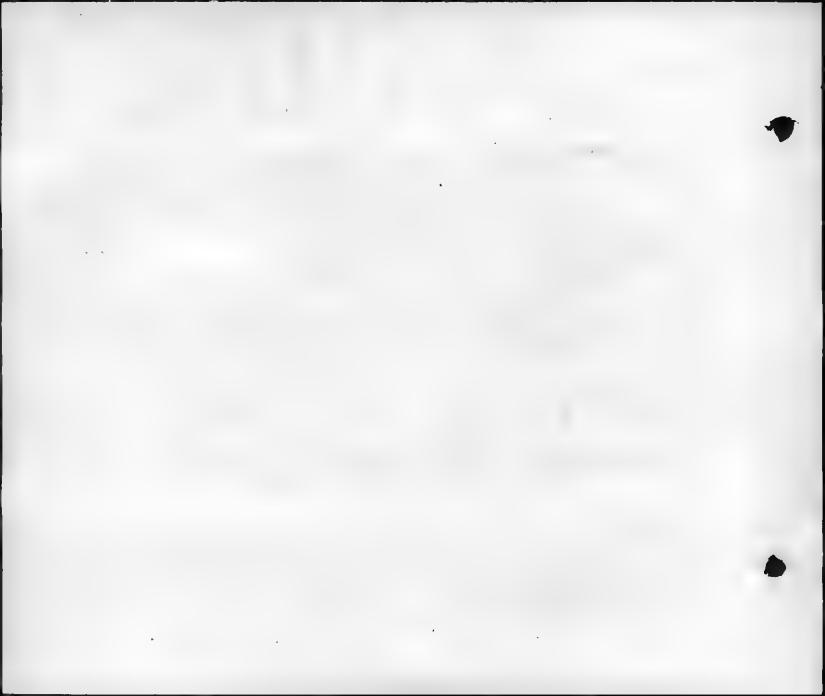
ON A FARM?

YES NO T

Yeor

19 59

Davs



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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~ =					- 0
	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	
	204				Reg. Dist. No.

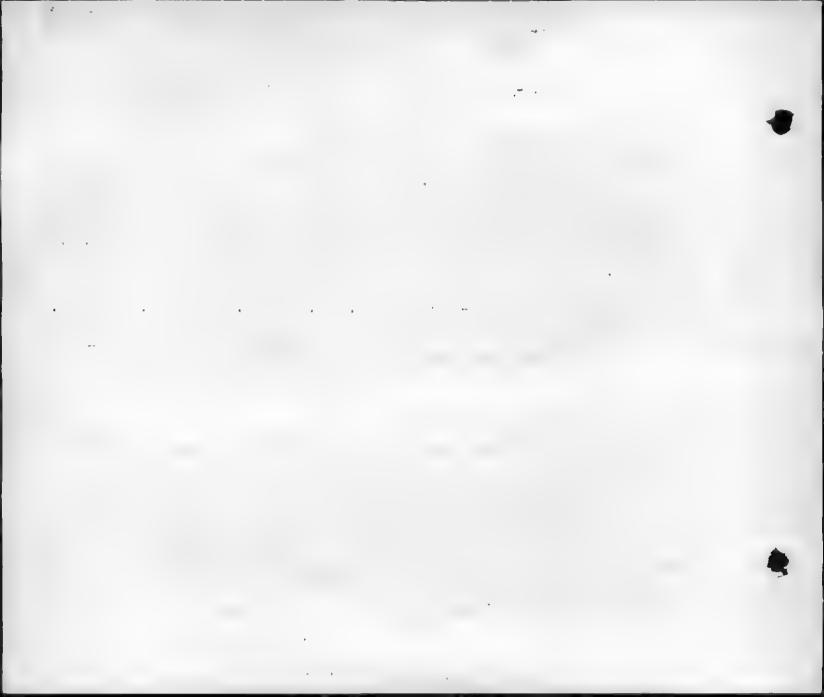
	1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
		YLAND	• STATE Maryland 6 COUNTY Baltimore .			
	b. CITY OR TOWN: [Ill outside corporate hasts, write RURAL ond give negret fown]	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town)				
	Sparrows Point		Dundalk 22			
	d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address	11)	d. STREET ADDRESS e IS RESIDENCE			
	Bethlenem Steel Hospital		104 Avon Beach Rd.			
	3. NAME OF First Middle		Last 4. DATE Month Day Year			
	(Type or print) Edward		Gregory DEATH 1 6 1959			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	0 🔲 8.				
	Male Negro WIDOWED DIVORCED		ctober 15, 1907 51 yrs			
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTI	11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
	Keeper K plast Furnace Steel		Buckingham Co., Virginia U.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
1	Alexander Gregory		Sarah Jones			
-)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17, IN	FORMANT			
/	No 216-09-5485	G	eneva Gregory - 104 Avon Beach Road			
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).)		INTERVAL BETWEEN O VILLAND DEALT			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hyperten	sive	Cardiovascular Disease			
	1443X DUE TO					
	Canditians, if ony, which)					
	gove rise to immediate cause	-	The state of the s			
	(o), stating the underlying DUE 10 cause last.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT N 200. EXTERNAL CAUSE WAS PRIMARY 0 r CONTRIBUTING 10 C		PERFORMED? YES NO C			
	200. EXTERNAL CAUSE WAS TRIMARY OF CONTRIBUTING TO	RRED, {Er	ter nature of injury in Port I or Port II of item 18.)			
		N	E			
	1	De PLAC	E OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ry, street, office bidg., etc.)			
	While Not while of work of work	7				
	21. I certify that I took charge of the remains described	d obor	e, held an Autopsy . Inspection X. Inquiry . and in my			
	opinion death resulted from: Natural causes 🔀. Accid	dent [, Suicide , Hamicide . Undetermined monner			
	n n					
	SIGNATURE / 12 /2 Carro		M.D. CHIEF MEDICAL EXAMINER 1 1-6-59			
	PMAMINIPH		ASSISTANT MEDICAL EXAMINER			
	examiner's Dr. M.B. Davis, M.D.		DEPUTY MEDICAL EXAMINER			
	220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMET	ERY OR	REMATORY 22d. LOCATION (City, town, or county) (Stote)			
	Burial 1-9-59 Corner St	one	Baptist Dilwyn, Virginia			
with the same	23 FUNERADDIRECTOR'S SIGNATURE 7 ADDRESS	A ====	246 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE			
	Halle J Jaw 802 Madison	Ave	nue DATE 7 59			
	the same of the sa		The same of the sa			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessory, please execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the foneral or. Page 4 should be full ideal to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained it, and files.

TO FUNERAL DIXECTOR: "Lage I should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

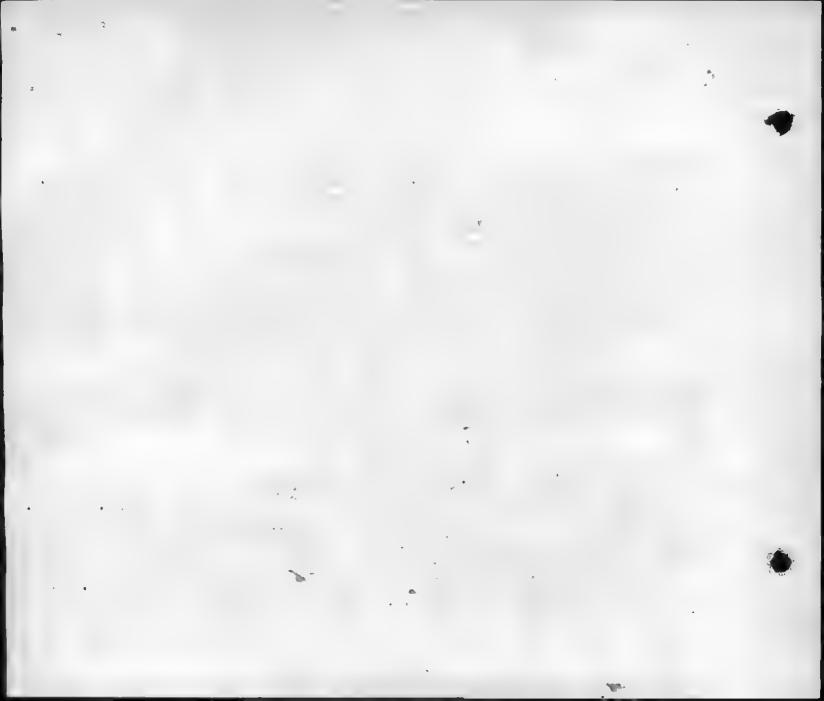


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Health, Marvland Baltimore Baltimore MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN III outside corporate I m h, write II JRAL c. LENGTH OF STAY IN 16 and give negred to Stevenson Stevenson d STREET ADDRESS ON A EARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oudress) YES NO At home Villa Julie 3 NAME OF 4. DATE Month First Middle Lost Year DECEASED DANA D. HANNA DEATH 1959 January (Type or print) HE UNDER TYPART IF LINDER 24 HE" 6 COLOR OR RACE 7- MARRIED TO NEVER MARRIED TO 8-BATE OF BIRTH 9 AGE Ille seems Months Days Hours Min 29 70 Male White WIDOWED [DIVORCED | 100. USUAL OCCUPATION (GAS kind of work done 10b KIND OF BUSINESS, OR INDUSTRY HY, BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? pages 1 MA MOTHER'S MAIDEN NAME PM3. 13. FATHER'S NAME form File ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT INTERVAL BETTLETT 18 CALISE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Massive burning and charring of body IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse DHE TO (o), stating the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IC NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fart f or Fort II of item 18.) Conflagration of home 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stote) foctory, street, office bldg., etc.)
Home Balto. Stevenson Md. at work 🔲 at work 🍱 21. I certify that I took charge of the remains Asscribed above, held an Autopsy K., Inspection ... Inquiry . ond in my Suicide . Hamicide . Undetermined manner opinion death resulted from: Natural causes Accident DC. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER AA D 800 SIGNATURE Jan. 23, 1959 ASSISTANT MEDICAL EXAMINER IX **EXAMINER'S** Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER should FUIIER NAME (Type) 26c. NAME OF CEMETERY OR TREMATORY 22d LOCATION (City, lown of county) 220 BURIAL CREMATION | 226 DATE THEREOF 240. REC'D BY REGISTRATE 24b REGISTRAR'S SIGNATURI 23. FUNERAL D RECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57

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RYLAND	STATE	DEPARTMENT	OF HEALTH BALTIMORE,	18
	Trem	A Language	1-13-19 EL	

CERTIFICATE OF DEATH

MA

00266

	284	CERTIFICA	ATE OF DEATH		Reg. Dist. No.			
	1. PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b, COUNTY				
		LENGTH OF STAY IN 16		de corporate limits, write RU				
	d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION 6616 Fairmount Avenu		d STREET ADDRESS		e. Is residence on a farm? yes \(\) no \(\)			
	3 NAME OF DECEASED (Type or print) IC INE	Middle		DATE Month	30%			
	5. SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	FUNDER YEAR IF UNDER 24 HRS Months Doys Hours Min			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carrier ter		Ashiba Cida Cago alian a	oreign country)	12 CITIZEN OF WHAT COUNTRY			
1	13. FATHER'S NAME	IG CIT GO	14. MOTHER'S MAIDEN NAM	E	J V.D.A.			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) Uf yes, give wor or dota of service)	-05-001 T	NFORMANT	nsparger Batt Daurh.CCCC	imor 15, Karyl			
	18. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		of pental	lobe	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if any, which (b)		1 Bran	(Left	1 2 ho.			
	couse (o), stoling the under- lying couse lost.	arterio s	elevotie fe	int Disen	n 2yrs			
	Pam II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2			
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINERS	E HOW INJURY OCCURRED	D. (Enter noture of injury in Port	f or Port II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m, P. m. 19 While at work	Not while for	ACE OF INJURY IHome, form, 2 clory, street, office bldg., etc.)	Of. (City or town)	(County) (State)			
	21. I certify that I attended the deceased alive on 1955	7/	1958, to fr		that I last saw the deceased			
	actual signature and L. Chamber. M.D. HOS Solvents Street, city or town, sport DATE SIGNED							
	PHYSICIAN'S FOT/ L. Chamb	iers -	4108 Liberty	Kts-Balto	-7-hn/-			
	REMOVAL (Specify) Jan.10,1259	Dati I Ti	R CREMATORY 22	ELL DET 1710	County) (State)			
	Frank H. Curel	ADDRESS IREQUIRE	240. REC'O BY	4 100	RAR'S SIGNATURE			



certificate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

286 CERTIFICATE OF DEATH

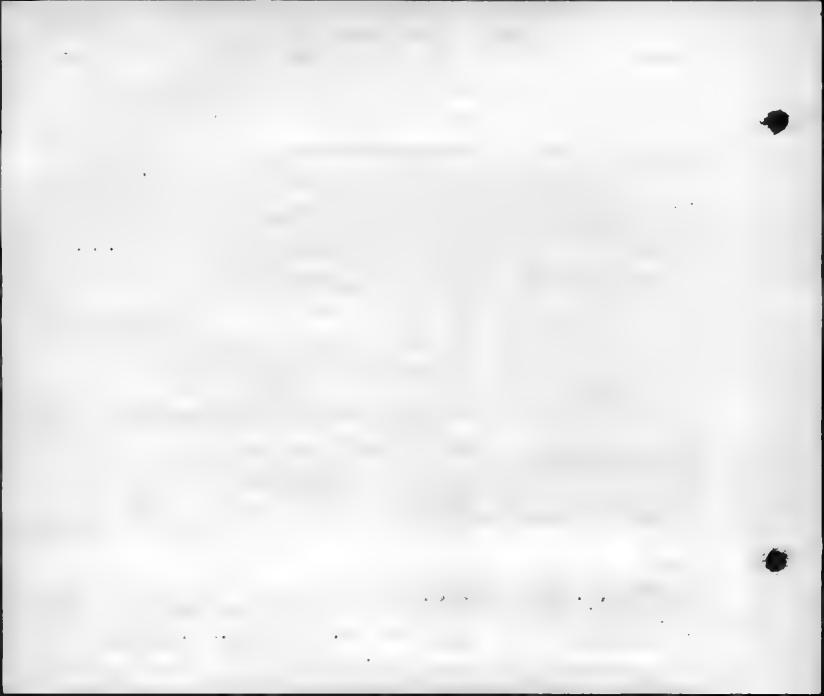
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		44	UD			***			•			Reg. D	st. Na.		
ī	PLACE OF DEATH a. COUNTY	+		M	ARYLAND	2. [USUAL RESID		ere deceased		f institute	on Resider	nce befor	e admis	sion)
ŀ		timore						yland							
ı	RURAL and give no	·	vitile c	. LENGTH OF ST	AY IN 16		e. CITY OR T				s, write R	URAL ond	give nea	resi low	n)
-	Towso					ļ			ore, N	1d					
l	OR INSTITUTION	At (If not in hospital, give Maris Hospi		dress)			d. STREET A		-				ľ	ON A	SIDENCE A FARM?
H			CE			Ш	3635	Mare	land /	veni	16			153) NO []
3	NAME OF DECEASED (Type or print)	First		Mid			Losi	_	4. DATE OF DEATH		Mon	an.	21	,	Year 19 59
ŀ		Mary		EL				aly							
ľ	. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MA	RRIED	B. DA	ATE OF BIRTH	1		9 AGE	In years irthday)	Months	Days		ER 24 HRS.
	Female	THE STATE OF THE S	DOWED		RCED 🔲	_		862			yes.			Hours	Min
ľ	during most of worl	ON (Give kind of work done king life, even if retired)	i 106. KII	ND OF BUSINES	S OR INDU	STRY	11. BIRTHPL	ACE (State o	or fareign co	ountry)		12. CI	TIŽEN O	F WHAT	COUNTRY
L	Housew	ife					Mar	vland					II.S	.Δ	
11	I. FATHER'S NAME					14	. MOTHER'S	MAIDEN N	AME						
	Pat	rick Foley					Bri	dget	OTTOO	e					
13		R IN U. S. ARMED FORCES		CIAL SECURITY	NO. 17. I	NFOR	MANT	O.		-	Addi	1855			
4		(If yes, give wor or dotes of service		AT a va a			do.								
-	no i			None		me	Recor	ds							
П		TH [Enter only one couse	per line l	for (o), (b), and	(c).]		,		*						DEATH
Н	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (b)	(1/5	7 52 L	V 4		ma su	4	ren	اسد وجوس			10.43		DEATH
П	111001	DUE TO		- /	/			11				ì.			
Н	" 7"		in		4 1 to .	2 miles	-zaid	pt "	ent.	- ()	و مصري عو	دسو			
П	Conditions, if a			1, 1											
П	gove rise to it		302	2 like	,										
П	lying cause last,			/	/										
Ŀ		(c)_	0)11 (0)	ATOMOUTING TO	DEATH BUT		DEL ATER TO	THETEOLOG			mark 1 da 41 d		- 1		a a demonstration
Control Annual	PANI II. OIF	IER SIGNIFICANT CONDITI	ONS CO	VIKIBUTING TO	DEATH BUT	NOI	KELATED TO	IHETEKMI	NAL DISEASE	COND	TION GIV	EN IN PA	(1 1(0) 15	PERFC	RMED?
14.00	20a. ACCIDENT WA	S UNDERLYING 208	DESCRI	BE HOW INJURY	Y OCCURRE	D (En	nter nature of	injury in P	art I or Part	II of ite	m 18.)				
18	(IF EITHER, NOTIFY	MEDICAL EXAMINER)													
e a Company	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJL	JRY OCCURRED	20e. PL	ACE C	OF INJURY ()	tome, form.	20f. (Cibr	or lown)			County)	_	(State)
	Hour a. ft.		While _	Not while	for	ctory,	street, office	bldg., etc.	1			,	Country		(21010)
Į į	p. m,	19	at work [at work				party	1						
Ш	21. I certify th	ot I attended the de	reased	from Fit	-1-		<u>. 19 گ را</u>	In it	ha -	24	10.5	Sthat I	last sa	u the	deceose
П	9.7	7 //2	20-5	6 V				a Wandarjan		- 1					
П	olive on Z		1877	-/ , ond in	ict death	occ	curred at.		_M, from				he dot	e stat	ed abov
П									ADDRESS (St	reet, city	or town,	sicie)		D	ATE SIGNE
П	ACTUAL	Til Tund	100	- int	,	M.D.	200		1/	m 1 .	-1-1	1 to	-	-	
Н			_	/			. '		^		, marine				
L	PHYSICIAN'S NAME (Type) D	r. Mi Paul B	Ver'	lar Mr.D			1 d	سومور س	~ ~ ~	کیت	1		£ **		,
Ę			-			_									
12	REMOVAL (Specify)	N. 226. DATE THEREOF	2	72c. NAME OF C	EMETERY O	R CRE	EMATORY		22d LOCAT	ION (Cit	y, town, c	or county)		(Sto	le)
	Burial	1/27/59		N.w Cat	thedre	1	Cam.		Balto	h h	1d.				
2	. FUNERAL DIRECTOR	S SIGNATURE	;	ADDRESS	and c	,	1, 1	24a REC'D	BY REGIST	RAR 2		TRAR'S SI	GNATUR	E '	
1	(1 Nou 4. 2	interved 4 &	our	· VRU	WO 1	7	MAX	DATAJAN	2 8 '59)		wh a			

neral director, id be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should to be as the burial-transit permit. Then please remarks carbon papers. Pages 1 and 2 state registror prior to burial, cremation, or remarkal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

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87	CERTIFICATE	OF	DEATE
0.4	OPIZITI I O'TIE	•	

	28	7	CEKTIFICA	ATE OF DEATH	1	Reg	J. Dist. No.	
1. PLACE OF DEATH a. COUNTY Baltimor	·e		MARYLAND	2. USUAL RESIDENCE (WHO, STATE Many land		L COUNTY	rince Ce	
b. CITY OR TOWN (RURAL and give n Owings 1		write c. LEN	IGTH OF STAY IN 16	c. City or town (if a		te limits, write RURAL	and give nearest	fown) V
d NAME OF HOSPI OR INSTITUTION	FAL (If not in hospital, give			d. STREET ADDRESS				RESIDENCE N A FARM?
	i State Trair	ning Sc	hool	5009 Mu	skogee	Street		NOF
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Manth	Day	Year
(Type or print) 5. SEX	Jeffrey	pate.	Lee	Heflin	DEATH	January	18,	19 59
Male	White w	IDOWED 🗌	DIVORCED [8. DATE OF BIRTH 9/214/57		AGE (In years IFUN Monital 1 yrs 3		
10a. USUAL OCCUPATION during most of war	DN (Give kind of work done king life, even if retired)	e 10b. KIND C	F BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote			CITIZEN OF WI	
				Washington	-		U.S.A	1.
13. FATHER'S NAME				14 MOTHER'S MAIDEN N		~		
	uart Heflin			Mary El	izabeth	ı Green		
(Yes, no. or unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	7 16 SOCIAL	SECURITY NO. 17.			Address		
no				Rosewood Re	cords			
	ATH [Enter only one couse	per line for (a	i), (b), and (c).]	^ 0			INTERVAL	L RETWEEN
PART I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	the	out fa	rlar			1 - 1	5-59
4911	DUE TO	Co	u pour	rlel			1-11	0 - 1-0
Canditions, if o		Bon	arteli	spran	no	end	1-14	-19
gove rise to i			77 F		-			
lying couse lost.) (c)	U.	<u>K /</u>					
PART II. OTI	HER SIGNIFICANT CONDITI	ONS CONTRIB	JING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIVEN IN	PART 1(a) 19. W	AS AUTOPSY REORMED?
3 con	gam la	n	opher	iles + Et	car	the one		□ NO □
O RIF ELIMER, NOTIFY	UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE H	OWINJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II	of item 18)		
20c. TIME OF INJUR Hour o. m.		20d. INJURY C While No of work of	ot while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City o	r town)	(County)	(Slote)
21. I cert fy th	at I attended the de	ceased fro	m 3/24	15 919 to 1	118,	5 19,tha	it I last saw t	he deceased
alive on X	- 1 S - 1 /	1957	, and that death	/3 1		the causes and a	in the date st	ated above
ACTUAL	Tarry Y	1.13	utley	м.р. Ом	ADDRESS (Street	et, city or town, state)	Z. hell	DATE PIGNED
PHYSICIAN'S NAME (Type)	Harry G.	Putler	,MD	Owning	s Mill	. Md	1/18	5/59/
220 BURIAL, CREMATIC REMOVAL (Specify)		22c. N	IAME OF CEMETERY O	R CREMATORY	22d LOCATIO	ON (City town, or coun	nty) (Stale)
Buriol 23. FUNERAL DIRECTOR	Jan. 21/		airview Cer			epner, Vi	rginia S SIGNATURE	
martin	2 W Hys	on Ge	Wash.DC	1 LO A LIDATEJAN			I. Finales	
	7	0						



b. CITY OR TOWN E RURAL and give in Caton SV d. NAME OF HOSPI OR INSTITUTION SPRING GR NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPATI during most of wor Labor gr FATHER'S NAME Anton H WAS DECEASED EVI a. no. or unknown) 18. CAUSE OF DE.	JOSE JOSE JOSE JOSE JOSE JOSE JOSE JOSE	First WIDOWE WIDOWE Tried) FORCES? 16. of service) Course per line	C. LENGTH OF STAY III 12yr9n.ths address) PTTAL Middle Hemlin DIVORCED KIND OF BUSINESS OR SOCIAL SECURITY NO. Unl: CVIII ne for (o), (b), and (c).]	AND 2. N 1b B. D O R INDUSTRY	Monylan Mother's Maiden i Wallbur	onne Ave 4. DATE OF DEATH 1871 9 NAME	b. COUNTY te limits, write R Mon Janua AGE (In years lost birthday) 87 yrs. nlry) reiner Add	th TY HONDER 1 Months D 12. CITIZ	before admission)
b. CITY OR TOWN RURAL and give n CALONSY d. NAME OF HOSPI OR INSTITUTION PRI.G GR NAME OF DECEASED (Type or print) SEX MALO USUAL OCCUPATION during most of wor Lahorer FATHER'S NAME Anton H WAS DECEASED EVI A. NO. OF UNINOWN] 18. CAUSE OF DE- PART I. DE/	If outside corporate regrest fown) VILLE ITAL (If not in hospito COVE STAT 6. COLOR OR RAG White ON (Give kind of working life, even if reti Fer In U. S. ARMED F If you greener or dolor ATH (Enter only one ATH was CAUSED B IMMEDIATE CAUSE	First WIDOWE WIDOWE Tried) FORCES? 16. of service) Course per line	c. LENGTH OF STAY II 12yr9n.ths address) PT TAL Middle Hemlin NED NEVER MARRIED DIVORCED KIND OF BUSINESS OR SOCIAL SECURITY NO. Unit OTT	D S 8. D C R INDUSTRY	d. STATE Maryl c. CITY OR TOWN (IF Baltimore d. STREET ADDRESS 2720 Bayo Lost Heinlein Cate Of BIRTH Ctober 30, (11. BIRTHPLACE (STOKE Morylam 4. MOTHER'S MAIDEN I Wallbur	and outside carpora onne Ave 4. DATE OF DEATH 1871 or foreign cau d NAME ga Schi	b. COUNTY te limits, write R Mon Janua AGE (In years lost birthday) 87 yrs. nlry) reiner Add	th TY HONDER 1 Months D 12. CITIZ	e nearest fawn) e. IS RESIDENC ON A FARM YES NO Day Year 19 YEAR IF UNDER 24 F ays Hours Mi EN OF WHAT COUR
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18. CAUSE OF DE	ATH (Enter only one ATH WAS CAUSED 8 IMMEDIATE CAUSI	e couse per lin	Unkcvm ne for (o), (b), and (c).]		RMANT		Add		
18. CAUSE OF DE	ATH WAS CAUSED 8 IMMEDIATE CAUSE	e couse per lin	ne for (o), (b), and (c)-]	1 1.00	DIUS:	U UIL		11 18	T
Canditions, if a gove rise to i cause (o), stating lying cause last.	the <u>under-</u>	(b) <u>Аз</u> то	rt rioseler	rotic		lar dis	ease		INTERVAL BETWEE ONSET AND DEA 2 UGCKS
								'EN IN PART 1	(a) IP. WAS AUTO PERFORMEN YES TO NO
	RY Month, Day,	Year 20d, IN	Not while				r town)	(Cod	unty) (
ACTUAL SIGNATURE	Stiller	12 E	believe	death ac		e.M. fram ADDRESS (Stre GROVE	the causes cet, city or town.	ind an the state)	date stated a
NAME (Type)	ON, 226. DATE THE	REOF	22c. NAME OF CEMET	TERY OR CE	REMATORY	22d. LOCATIO	DN (City, town, a	or county)	(State)
3.	PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a. ji. p. m. 21. I certify the consideration ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATK	PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNATURE PHYSICIAN'S STEPLIA WAS UNDERLYING TO DO THE PHYSICIAN'S NAME (Typo) BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify)	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNATURE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART II. OTHER SIG	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work of work of work of work of work 21. I certify that I attended the deceased from July actual Stallar Machaler, Page 1999, and that of the stallar of the stallar signature PHYSICIAN'S Stella Wachaler, N. D. BURIAL CREMATION, 22b. DATE THEREOF COME HILL COME HILL 20c. NAME OF CEMET COME THE STALL CREMATION, 22b. DATE THEREOF COME HILL COME THE STALL CREMATION, 22b. DATE THEREOF COME THE STALL CREMATION.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 200. DESCRIBE HOW INJURY OCCURRED. (I) 200. DESCRIBE HOW INJURY OCCURRED. (I) 200. PLACE factory Of work of work 21. I certify that I attended the deceased from July 1 actual Sugnature SHALL Jackson M.D PHYSICIAN'S SHELLS Jackson M.D PHYSICIAN'S SHELLS Wacheler, N.D. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) BURIAL (Specify) PLACE JACKSON M.D 22c. NAME OF CEMETERY OR C Cedar Hill Cen	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] 200. DESCRIBE HOW INJURY OCCURRED. (CO. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Of work [] 19	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DEATH DOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port I or Port I port I or Port I or Port I port I or Port I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CONTRIBUTION OF CONTRIBUTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 200. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTION TO CONTRI



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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		28	9	CERTIFIC	AIE	OF DEA	П		Reg. Dist. I	No.
1. PLAC	E OF DEATH	Baltimo	re	MARYLAND	2. U:	STATE Md.	(Where deceased	f lived. If institution b. COUNTY	011	efare admission) LMONE
b. CII	TY OR TOWN (II RAL and give no	outside corporate limi arest lawn)	ls, write	c. LENGTH OF STAY IN 16	×.	0 1,.	(If outside corpor	rote limits, write RU	IRAL ond give	nearest town)
d. N/ OF	AME OF HOSPIT	AL (If not in haspital, g 2904 ALde	ive street od in Rd.	(dress)	29	street address 704 Alde	en Rd.			e. Is residence on a farma yes \(\) NO \(\)
3. NAM DECE (Type		Cathenin	11 10	Middle	Ho	lost nessu	4, DATE OF DEATH	Mont	h = 2	Doy Year 7 - 19 5 9
5. SEX	7 1	6. COLOR OR RACE		DIVORCED	8. DAT	E OF BIRTHO	1880	9. AGE (In years lost birthdoy)	Months Do	
		Nate ON (Give kind of work in its life, even if relired)		IND OF BUSINESS OR IND	USTRY	IT BOTTHPLACE (SI	die or foreign co		12. CITIZEN	N OF WHAT COUNTRY?
Ho	ER'S NAME O	1	1 /	lone	114.	Grela MOTHER'S MAIDE	n d		1 110	A
	ILK J TYME	Thomas	Mc A	Iulitte			e Dona	hue		
	or unknown)	R IN U.S. ARMED FOR (II yes, give wor or dates of s	CES? 16 SC ervice)	OCIAL SECURITY NO. 17	lohn	Hennes	su. Ir.	2904 A.		Rd.
	CAUSE OF DEA	TH (Enter only one co	()	to? (0), (b), and (c)].	112	1 Car	Ritte		C	NTERVAL BETWEEN
	221 onditions, if a	DUE TO		trisolo.	1 - C	a 1851	HEREX	ule I) Lares	J
go	ove rise to i use (o), stating ng couse lost.	mmediate (DUE TO								
CERTIFICATION CIE	PART II (OT)	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
200 OR (IF	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCI	RIBE HOW INJURY OCCUR	RED (Enl	er nature of injury	in Port I ar Par	t II of item 1B)		
7) 20c.	Hour a.m.	Y Manth, Day, Ye	ar 20d. IN While at work	Not while		F INJURY IHome, street, office bldg.,		or town)	(Covi	nly) (Slole)
21.	I certify th	at I attended the	decease	d from LyV.	<u>'</u>	, 1956, 10	Jan. 3)	1959	that I las	t saw the deceased
oli	ve on	120.30	17 2	and that dea	th occi	urred at 2	7	n the causes a treat, city or town,	nd on the	date stated above DATE SIGNED
ACI	NATURE	timiel:	13/1	HE	M.D.	24	6 8.	Burk	Chre	t Sandriff Sandriff Sandriff (Sandriff) (Sandriff) (Sandriff) (Sandriff) (Sandriff) (Sandriff) (Sandriff) (Sandriff) (Sandriff)
PHO	(SICIAN'S ME (Typo)	SAMULL	. B	NOLFE.		Tex	wir.	4, /1	d 	
	RIAL, CREMATIC		0F	New Cathe	or cre	MATORY	Bal	TION (City, town, o	M	d. (Stote)
23 FUN	ERAL DIRECTOR	SIGNATURE 530	5 Ha	ADDRESS rford Rd.			FEB 4 '5		TRAR'S SIGNA	
1 40	TOTALCR	J/12C+ J)U) /10	-Voren Line		DATE	s open of		42 - W	A-4-0-41

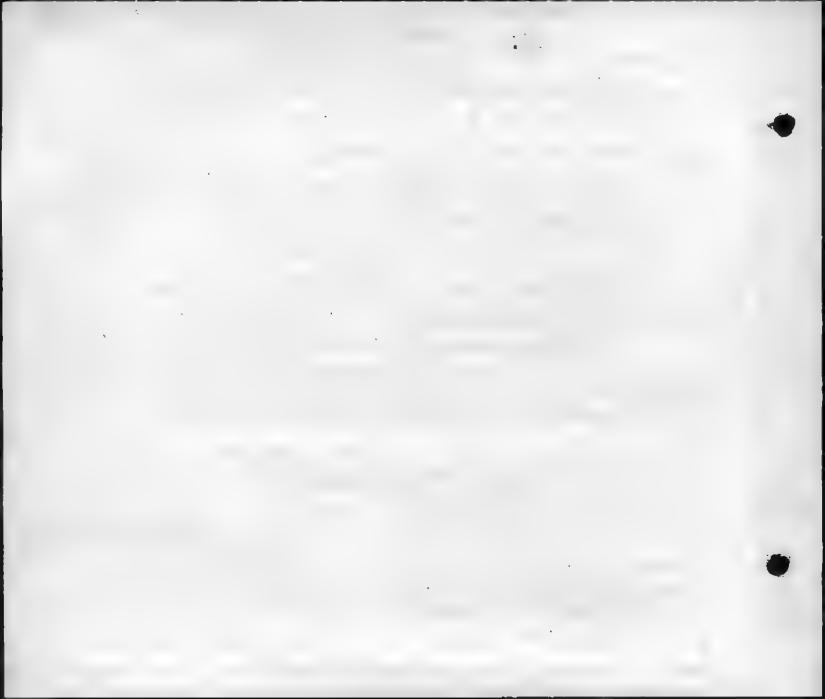
VS A15 (4) 15M 9/5S



		GUI	0=10.11107	TIE OI DEATH		Reg. Dist. No.	
		PLACE OF DEATH g. COUNTY A		2. USUAL RESIDENCE (Who	ere deceased lived. If institu		fmission)
	L	Ballemor	MARYLAND	a. sinit	Lel b. COUNT	Υ	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	ulside corporate limits, write	RURAL and give nearest	town)
		Dundalk		Dunda	ek "		
)		d. NAME OF HOSPITAL (If not in hospitol, give street od OR INSTITUTION 8131 Cornwall I		8/3/ Con	nuall	0 00	RESIDENCE ON A FARM? S NO R
		NAME OF DECEASED (Type or print) Relieve	Peanetta	Hess	4. DATE MO	onth Day	Year 1957
	572	SEX 6. COLOR OR RACE 7. MARRIE		B DATE OF BIRTH	9 AGE (In year lest birthday)	Months Days Ho	INDER 24 HRS
1	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	home some	STRY 11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF W	HAT COUNTRY?
)	13	FATHER'S NAME	l	14. MOTHER'S MAIDEN N	AME LITE OF		
	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (If yes, give wor or differ of service)	OCIAL SECURITY NO. 17. II	Wormant well tess 8	131 Corn	dress	red
		18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (o). (b). and (c). AC	Celent		INTERVA ONSET	L BETWEEN
		Conditions, if any, which	5-e-V-D	Cserse		10,	Aco-
		gave rise to immediate couse (o), stating the under-					7
	S Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION G	VEN IN PART 1(0) 19. W	AS AUTOPSY
1	CATION						NO D
	CERTIFI	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OF CURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. js. While at work [Not while /] 100	AGE OF INJURY (Home, form, street, office bldg , etc.)	20f. (City or town)	(County)	(State)
		21. I certify that I attended the deceased	from HBRIL	1958, to 20	u W 195	Lithat I last saw t	he deceased
		alive on 125	, and that death		M, from the causes		
		TURE MOTA	vi	M.D. 6808 1	DORESS (Street, city or town	, stole)	DATE SIGNED
1		PHYSICIAN'S M. B. DAVIS	s Mi)	MUND.	チナドーント・	ml 1	17/19
		Burist Jan 25/59	ML Can	R CREMATORY	22d. LOCATION (City, town, Balty	or county) ((Stole)
	23.	FUNERAL DIRECTOR SSIGNATURE	ADDRESS	240. REC'D		ISTRAR'S SIGNATURE	
	1	Ulup Huneral Hom	2112 Dun	dalk WIN 2	5 759 Coth	or S. Traces	

uneral director, TO HOSTITAL OR ATTENDING EMYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 old be may be retained. The haspital or attending physician.

TO FUNERAL DIT* After this certificate has been signed by the attending physician and completely filled in by page 3 should stacked far use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayol, and in any event within 72 hours after death. V\$ A15 (4) 15M 9/55

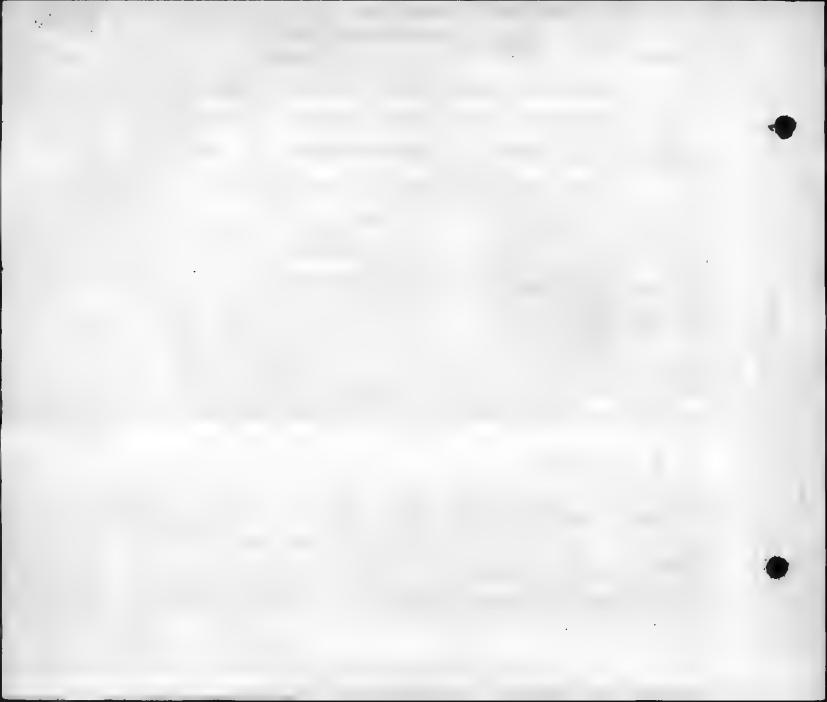


Reg. Dist. No.

402			Keg. Dii	II. No.
1. PLACE OF DEATH)		2 USUAL RESIDENCE (Where de	ceased lived. If institution, Residen	ce before admission)
NaIIMOR	MARYLAND	(), (',	H	PNCTT
 CITY OR TOWN (If putside corporate limits, write RUBA)—pnd give nearest lown) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside	corporate limits, write RURAL and o	give nearest town)
X GANGAIK 33	21/12	X L1/1/NX	10N	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION 306/TING CD4	et oddress) 'R T	A. STREET ADDRESS ROUTE	2 BOX 184	ON A FARM? YES 12 NO
3. NAME OF DECEASED (Type or print)	Racheal) +10/5 \$ 4.0		Doy Year 2 7 195-9
	ARRIED NEVER MARRIED 8	TUSAST9.1870	9. AGE (in years IF UNDER lost birthday) 38 yrs Months	
100 USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUST Practical NURSE	RY 11" BIRTHPLACE (Stole or for	eign country) 12. CIT	L. S.
13 FATHER'S NAME	7	14 MOTHER'S MAIDEN NAME		
	· ·	LOTTIE	4ittens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no. or unknown] [11 yes, give won or dofes of service]	16 SOCIAL SECURITY NO 17. IN	FORMANT	' Address	
No	NONE 204	ella HICKS 1	07 FaiRbank	SCT
18. CAUSE OF DEATH [Enter only one couse pe	r line for (a), (b), and (c)]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMIA			20011
442× DUE TO_	4	, , ,	0	/
Conditions, if any, which) (b),	PURTENSIVE COL	edio-laseula	P NISEASE	Bur.
gove rise to immediate DUE TO	266-	7 '		/
lying cause lost. (c)	12p/1/41	15		IM.
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED?
3	·			YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in Part I :	or Part II of item 18.}	
Thour o.m. Wh		CE OF INJURY (Home, form, 20) ory, street, office bldg., etc.)	. (City or lown) (C	County) (Stole)
21. I certify that I attended the dece	ased from JUN 195	3. 1953, to JAA	14684) 7, 19 5 Gthat 1	last saw the deceased
alive an Danuary 27, 19			from the causes and an t	
2400 00	hò	ADDR	ESS (Street, city or town, stole)	DATE SIGNED
SIGNATURE SILLIAM C.	acyc "	10. 140 Wat	HUE. DUNG	14/1722 mo
PHYSICIAN'S WILLIAM C.V	Vade, M.D.	Dunc	dalk 22 m	nd,
220 BUR AL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	1 _	LOCATION (City, lown, or county)	(Stote)
purial 1-21-39	Arbutus Memor		altimore, Marylar	
23 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D 8Y I		GNAYURE
Tasles / Town	802 Madison Ave	enue DATE FEB	2 35	1. The same

may be retained by the hospital or attending physicion

TO FUNERAL D(FOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 should be educated for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 2 hours after death. death! Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after VS A15 (4) 15M 9/55



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90	CERTIFICA	TE OF DEATH	Reg. Dist. No.
	14 0 0000 4 1000	2 USUAL RESIDENCE (Where deceased in a STATE	ved If institution; Residence before admis

`			4	30	CERTIFE	CATE OF	DEATE		Reg. 1	Dist. No.	
	1 PLACE OF DEATH 0. COUNTY Baltimore				MARYLAN	YLAND 2 USUAL RESIDENCE (Where deceased ived if inst o STATE b. COUN			COLINTY -	LINTY	
	RUR	Y OR TOWN (IF outside RAL and give nearest to	e corporate imits	, write c. LENG	OTH OF STAY IN 1	b c CITY OR	TOWN (IF or	utside corporale lim	its, write RURAL an		
pc-	d NA	i'1mon1um ME OF HOSPITAL (IF IN INSTITUTION 205			4 yrs.	d STREET		ork Rd.			IS RESIDENCE ON A FARM? YES NO X
	3 NAME						-				=====
	DECEA	ASED or print)	Geo		Middle mas Hir		osi	4. DATE OF DEATH	1-30-59	Doy	Year 19
	5 SEX	6. CC	LOR OR RACE	7. MARRIED X	NEVER MARRIED	8 DATE OF BIR	тн	9 AGE	(In years FUND birthday) Months	THE RESERVE TO SHARE THE PARTY OF THE PARTY	F UNDER 24 HRS
	me	ale w	hite	WIDOWED [DIVORCED [3-12-	1878	80	birthday) Months	Doys	Hours Min
1	10a USU durir	Foreman	e kind of work do , even if retired)		tate Ro	1	PLACE (Stote of		12. 0	U.S	WHAT COUNTRY?
	13. FATH	ER'S NAME		11			'S MAIDEN N				
L,	1	John Hine	S			S	arah	?????			
		DECEASED EVER IN U	S. ARMED FORCE		SECURITY NO	7 INFORMANT			Address		
	no	1 7-0	ve war or dates of ser		7-5671	Nellie	P. H	ines	abov	e	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) LREMIN 14										RVAL BETWEEN
	Conditions, if any, which gave rise to immediate cause (a), stating the under. DUE TO DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under. DUE TO									e á	YKS.
ø	CATION	PART II. OTHER SIG) (c).	ITIONS CONTRIB	UTING TO DEATH	BUT NOT RELATED T	O THE TERMIN	NAL DISEASE CONE	DITION GIVEN IN P	ART 1(o) 19	WAS AUTOPSY PERFORMED? YES NO P
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF											
	MEDICAL 30c.	TIME OF INJURY Mos Hour o.m. p. m.	nth, Day, Year	While No	CCURRED 20e	PLACE OF INJURY factory, street, offi	(Home, form, ce bldg., etc.)	20f. (City or tow	n)	(County)	(State)
	aliv	l certify that I ave on 1011	ttended the	10		ath occurred a		ADDRESS (Street, cit	causes and an	the date	w the deceased stated above. DATE SIGNED 2-2-59
1	NAM				y, Jr.;						
		OVAL (Specify)	. date thereof -2-59			Y OR CREMATORY Methodis	t	Sparks	ity, town, or county B, Md.)	(State)
	23 FUNE	ral director's sign Kett Broo	D .		odress Ad., Tov	vson4,Md		3 '59	24b REGISTRAR'S	SIGNATURI	

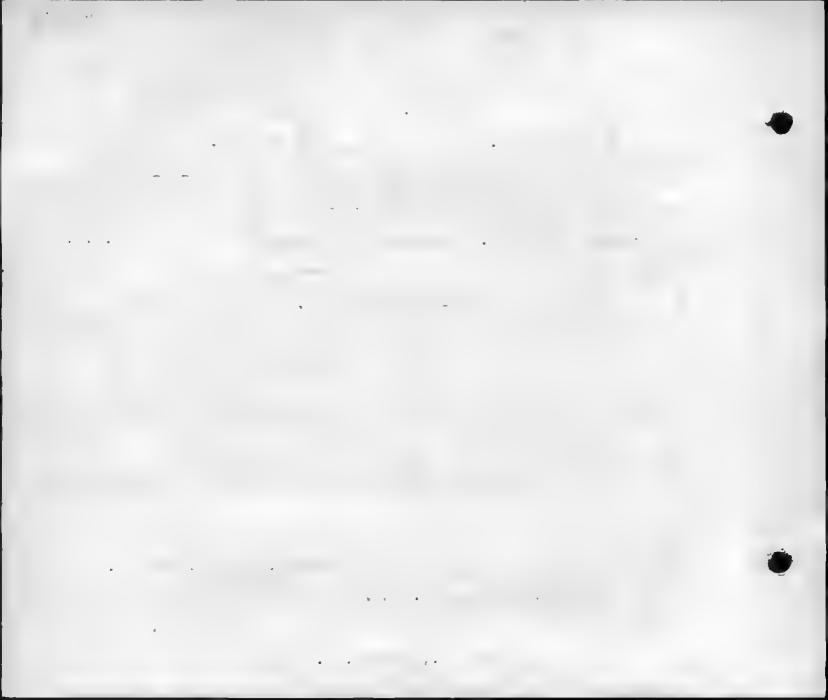
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIR VS A15 (4) 15M 9/55

may be retained by the hospital or attending physician.

O FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stim registrar prior to burial, cremation, or removal, and in may exent within 72 haurs after death.

neral director, d be filed with

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CERTIFICATE OF DEATH

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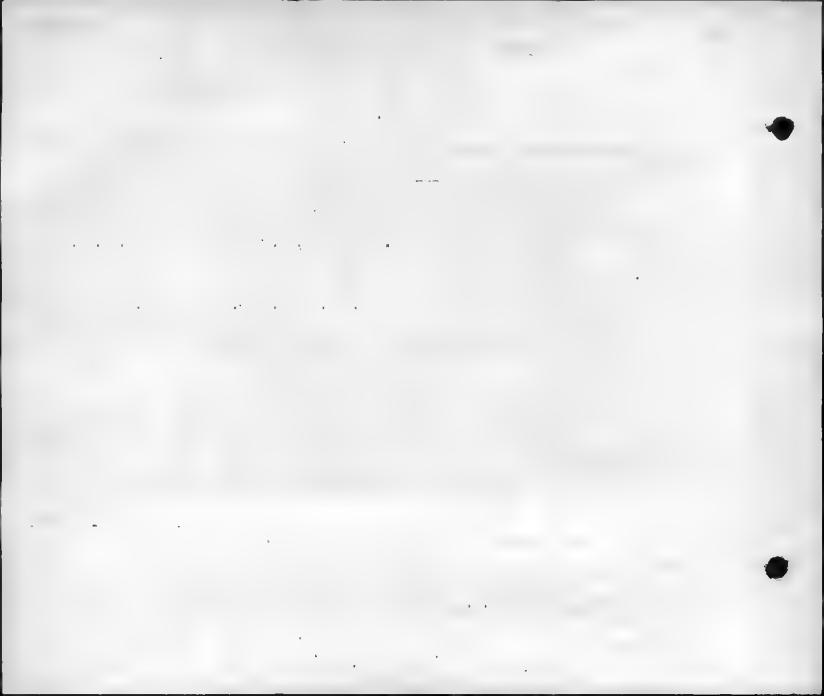
			150	eg. bisi. 140.
. MACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who gustafe Maryland	ere deceased lived. If institution- b COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard	6 Hours 45 M.	e. CITY OR TOWN (If or Baltimore	utside corporate limits, write RURA	L and give negrest town)
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Veterans Administration		#3 North Ab	ington Avenue	(29) e. IS RESIDENCE ON A FARM? YES NO T
NAME OF First DECEASED (Type or print) RUFUS	Middle	Losi HINNANT	4. DATE Month OF DEATH January	Day Year 25 1959
Male Colored WIDOW	/ED DIVORCED	June 26,1912	168 birthdoy) M.	UNDER 1 YEAR IF UNDER 24 HRS onths Doys Haurs Min
USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Laborer	Copper Const.	Wilson, N.		12 CITIZEN OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN N		
John H. McAllister		Suveara Hin	mant	
ne no ne unhan-at . III		in.Rec., Vet.	Adm. Hospital, F	t.Howard,Maryla
	TRA-CEREBRAL AN PERTENSIVE CARI	DIOVASCULAR D	ISEASE	UNKNOWN IN PART 1(a) 19 WAS AUTOPSY
OR CONTRIBUTING [CAUSE OF DEATH]	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Port II of item 18 J	PERFORMED? YES NO
Hour o. m. While		CE OF INJURY (Home, form, tary, street, affice bldg , etc.)	20f. (City or town)	(County) {State}
21. I certify that attended the decease about the control of the second actual signature from the signature from the second actual signature.	CCCCCC and that death	occurred of 8:55P	5 PM 1/25/1959 DE M. from the couses and DDRESS (Street, city or town, state	on the date stated above
PHYSICIAN'S CHIEN WEI TAN I	W. D.	VAH, FORT H	OWARD, MARYLAND	
Burial CREMATION, 27b. DATE THEREOF 1-29-59	Baltimore Nat		22d LOCATION (City, town, or co Baltimore, Mary	
FUNERAL DIRECTOR'S SIGNATURE	1011 N. Arling	ton Ave 240 REC'D		R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 should be filed with

may be retained by the hospital or attending physician.

• FUNERAL DICTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld as detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event withing 12 hours after death.

may be retained TO FUNERAL DI VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00278

202	CERTIFICAT	E OF DEATH	Reg. Dist.	No.		
1. PLACE OF DEATH o. COUNTY	2	USUAL RESIDENCE (Where decease		pefore admission)		
Baltimore	MARYLAND	Md.	Balto.			
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corp	orate limits, write RURAL and give	nearest fawn)		
Catonsville		2 Ellicott City				
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	fress)	d STREET ADDRESS		a. IS RESIDENCE ON A FARM?		
Shady Nook Nursing Home		15 Oclia Ave		YES NO NO		
3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year		
(Tues as exist)	Louis	Holtman DEATH	Jan. 28	1959		
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8 0	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.		
mele white WIDOWED!		2/28/ 1895	63 m	ys riours Min.		
10o. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired).	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CITIZE	N OF WHAT COUNTRY		
	lto. Co.	Md.				
13. FATHER'S NAME	1	4 MOTHER'S MAIDEN NAME				
Adolphus L. Holtman		Unknown				
(Yes, no or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO 17 INFO	RMANT	Address			
		Mary Holtman	15 Oella Ave, E	llicott Cit		
18 CAUSE OF DEATH [Enter only one cause per time f	or (0), (b) and (c)			NTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	deo. Alst	strature fuelese				
/X DUE TO	, 61	4				
Conditions, if any, which by gove rise to immediate	Eden Com	cresters (
couse (a), stating the under DUE TO	2 · A	_ / /				
lying cause last. (c)	racy MAI	int war	comia-			
PART II OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(PERFORMED?		
5				YES NO		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED (E	Enter noture of injury in Part 1 or Po	irt II of item 18 }			
<u> </u>		OF INJURY (Home, form, 20f (Ci	ty or town) (Cour	nty) (Stole)		
Haur a.m. White at work (TAOL MILLS	, tiree, office bidg., etc.)				
21. I certify that I attended the deceased	from COIA 3	1259 10 28	- azz, 19. 59that I last	traw the decease		
alive on 22 I am 1955	^	coursed of 5 100 F.M. fro	,			
		The state of the s	Street, city or lown, stote)	DATE SIGNE		
SIGNATURE 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Dry your MO	4/1/15	mandinal 4	Pril		
1011	16	11	of appropriate the second seco	ant co		
PHYSICIAN'S NAME (Type) WILLOW -T.	BVY50n	Ballo	- Mydi	9+0707		
	12c. NAME OF CEMETERY OR CE	REMATORY 22d LOC	ATION (City/town, or county)	(Stote)		
Premovan(Specify)	St Nanya	Ilc	hester, Md.	[
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PARVO	24a. REC'D BY REGIS	STRAR 246. REGISTRAR'S SIGNA	TURE		
I'.C. Higinbothom Ell	icott City, Md	* P3/5N 3 0 '59	Cilva & trace	A		

may be retained by the haspital or attending physician.

TO FUNERAL D' OR: After this certificate has been signed by the attending physician and campletely filled in by continued director, page 3 should medetached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be Med with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TE HELLIAL DR ATTENBUG PHYSILIAN: The law requires that the death certificate be executed within [18 haurs ofter d=11). Tage 4 VS A15 (4) 15M 9/55

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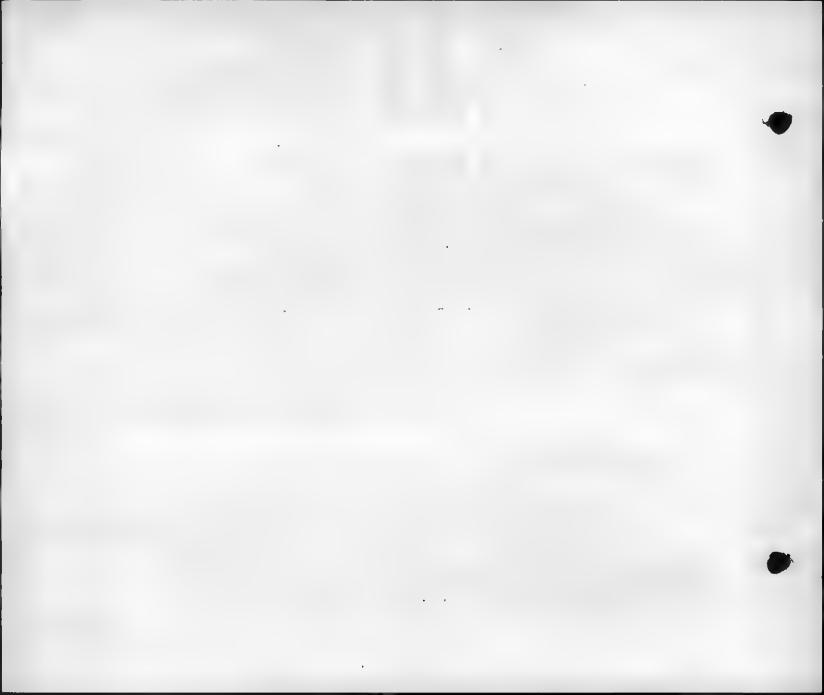
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificals be executed within 24 hours after death. Sage 4 may be retained the haspital or attending physician.

TO FUNERAL DILLER. R. After this certificate has been signed by the ottending physician and campletely filled in by the people 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remayal, and in any event within 72 hours often death.

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e 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with egistror prior to burial, crematian, or removal, and in any event within 72 hause after death.		
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e 3 should be detached for use as the burial-transit permit. Then please remove carban pap egistrar prior to burial, crematian, or remaval, and in ony event within 72 h <u>ours of</u> ter death.		
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e 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with registror prior to burial, crematian, or remayal, and in any event within 72 hause after death.	ğ	
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	495	CERTITION	ALE OF DEATE	<u> </u>	Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (WI		on Residence before admission)				
Baltimore		MARYLAND	° STATE Maryla	and b COUNTY	Baltimore				
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)		ENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give nearest town)				
Hebbville			<u> </u>	e					
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 3411 Rollin			d STREET ADDRESS 341Rolling R	oad	ON A FARM? YES NO P				
3. NAME OF	irst	Middle	Lost	4. DATE Mor					
(Type or print) Harry		Frank	Hook	OF DEATH Januar					
5 SEX 6 COLOR OF RACE			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR				
Male White	WIDOWED [DIVORCED [Mar. 22, 18	79 lest-birthday) i79 yrs	Months Days Hours Min				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b. KIND	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNT				
Electrician		L. Martin	Westmins	ter, Maryland	i USA				
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	NAME					
	Hook	,	Mary He	ooper					
15 WAS DECEASED EVER IN U. S. ARMED FO		AL SECURITY NO 17 II	NFORMANT	Add	ress				
No	212-	-20-5462A	Blanche R.	Hook-3411 Ro	ll ing Road				
18. CAUSE OF DEATH [Enter only one of		(o), (b), and (c).	4 4		INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY:	o Con	anaug !	court Wise	tal	2 3 Section				
4-28.1 DUE TO	0	1							
Conditions, if ony, which)	m (XI)	hioschi.	· Le		~				
gove rise to immediate	gove rise to immediate								
lying couse lost.									
		BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCURRED). (Enter nature of injury in l	Part 1 or Port II of item 1B.)					
	ear 20d INJURY	OCCURRED 20e PLA	CE OF INJURY (Home, form	20f (City on town)	1C- 113 (0)1				
20c. TIME OF INJURY Month, Day, You Hour a.m. 19	While	Not while for	lory, street, office bldg., etc) i	(County) (Stote				
21. I certify that I attended the	, 19, to	1 18/59,19	"that I last saw the decea						
alive an 1 10157	, 19	, and that death	accurred at	M, from the couses o	and an the date stated aba				
, , , _	· i	1 .		ADDRESS (Street, city or town,					
SIGNATURE MULTIN	xichle	noff,	w.D	~~~	· ***				
PHYSICIAN'S Milton Sci	hlenoff,	M.D.	6410 W	Vindsor Mill R	load - 7				
220 BURIAL, CREMATION, 226. DATE THERE	OF 22c.	NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, o	or county) (Slote)				
REMOVAL (Specify) Burial 1/21/1		ardens of I		Baltimore	Maryland				
23. FUNERAL PRECTOR'S SIGNATURE		ADDRESS			TRAR'S SIGNATURE				
Ellsworth Armacost	-46004	iberty Hght			hung of the read				



1	XI 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00278
FOR STATE HEALTH DEPT.		Reg. Dist. No.
nearin i	O	1. PLACE OF DEATH a. COUNTY D. STATE D. COUNTY D. CO
Pog lies.	K.E	MARYLAND "127.
He He	111	b. CITY OR TOWN (Ill outside corporate limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
9	_/	Milrem le 4 2 - whi
50 50	Va 9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o STREET ADDRESS o IS RESCENCE on A FARMS
eroll ned h.		17 14 3. E. A. 12 2. 27 14 17 17 17 17 18 1 NO NO
fun fun eton Stol		3. NAME OF DECEASED A. DATE Month Doy Year OF
the the		(Type or print) WILBUR ZIVICHT HUBBARD DEATH 1272 9- 1957
of to		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours M. n.
5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d 5 d		13222 1. Cold WIDOWED DIVORCED Lie 5, 1758 yr. 1 3
ded 2, o 2, o 3ge 3nd 72		100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sigle or foreign country) 12. CITIZEN OF WHAT COUNTR during most of working life, even if refused)
五一二三		infortit -23 the Dalli, 17.
A See	· • /	13. FATHER'S NAME
P Pour		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
Giv for		(Yes, no, or unknown) ; (If yes, give war ar dates of service) {
Skills Skills Sit.		-222 Tronk - tarkara & Harbard - Hill south
m I m		18 CAUSE OF DEATH [Enter only one cause per I no for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
the ale		IMMEDIATE CAUSE (a) CLOPE (27 AL EN ALLE LE
Front from		DUE TO 4 1 1 81/2 1 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10
S C C L		gove rise to immediate cause (b) Gold of Plantin sour fact (3 startin)
bu in or		(a), stoling the underlying DUE TO
sho cemicos cos co con con		PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19, WAS AUTOPSY
E EX	3	PERFORMED?
i pe lical lical e es		
Med b		200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING A CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) CAUSE OF DEATH.
The The		
明明のよう		Hour a m While Not while foctory, street, office bldg, etc.)
Min Hing oge		2). I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . ond in my
X TO SE		opinion death resulted from: Natural causes X, Accident _, Suicide _, Homicide _, Undetermined manner _
9 9 9 9		opinion death resolved from: (Adjord) cooses [A]. Accidem [1], Solicide [1], Homicide [1], Onderermined manner [1]
E E		ACTUAL STATE SIGNED CHIEF MEDICAL EXAMINER TO
MED Cercer Por	du	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
TY The		EXAMINER'S D. D. CAPLE S. 11 T. DEPUTY MEDICAL EXAMINER &
SNE STAN		220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY A 22d LOCATION (City, Jown, or county) (Stote)
0 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Durial Con 10, 1959 On C Kendree tomata, " Jest Friends on my
7 7		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR 246. REGISTRAR'S SIGNATURE
V\$ A15ME 5M 2 '57	,	Journ Quesa 8 72 Exterty look 14'59 Civing 8, Kraus
		int 19th & 16 Varidaelalown Jud.
		* 10 / 10





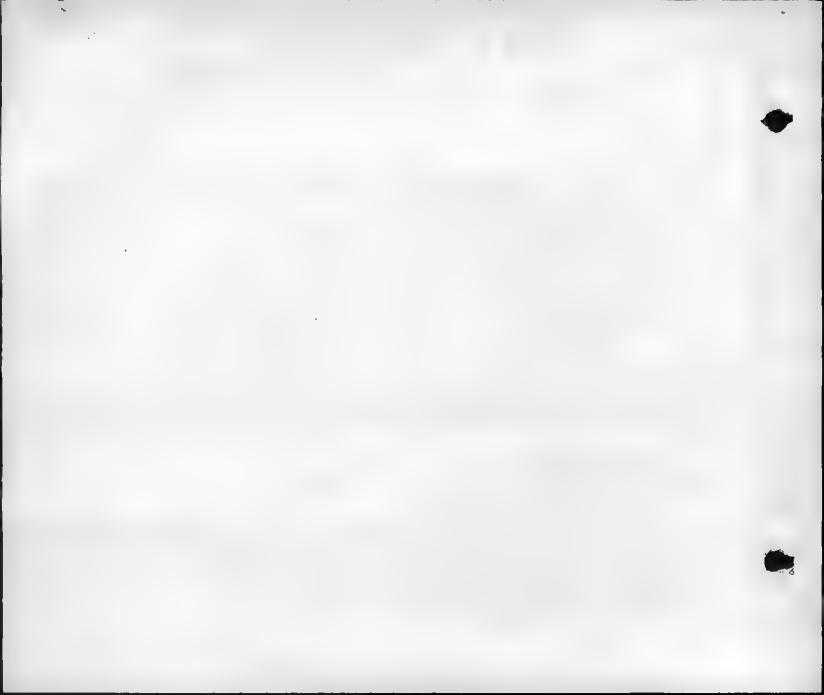
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 297 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, iff institution; Residence before admission) o. COUNTY filed b. COUNTY MARYLAND arol b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY-IN IL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospitol give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION YES NO 2 4. DATE NAME OF Middle tou Month Year DECEASED OF DEATH (Type or print) 8 DATE OF BIRTH AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED Manths Days Hours WIDOWED I DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo carbon after 13. FATHER'S NAME physician remave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ASCUIFE PENKI. permit. Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19 WAS AUTOPSY PERFORMED? YES NO F 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) G. ft. While Not while of work of work p. m. 21. I certify that I attended the deceased fram Z.,that I last saw the deceased and that death accurred at 16.4 oche M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior 2 2 D may be re-PHYSICIAN'S NAME (Type) DATE THEREO 220. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, (State) REGROVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR AN 1 4 '59 VS A15 [4] 15M 9/55

death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after

TO FUNERAL DIR.

V\$ A15 (4) 15M 10/57

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 299

CERTIFICATE OF DEATH

00283 Reg. Dist. No.

1. PLACE OF DEATH BULLINETE MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Regidence before admission) o. STATE b. COUNTY Julie
b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest Jown)	c. CITY OR IOWN (If outside carparate limits, write RURAL and give nearest town)
Umestie	X annestic
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF A MINISTITUTION OF A MINISTITUTION OF THE STREET OF THE STREE	J. STREET ADDRESS 148 Windiedlie Ad VES NO 18
3. NAME OF DECEASED (Type or print) CHAPLES E SENT	1/1/S 4. DATE Month Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH S AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manihs Doys Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	ISTRY 11 STRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
detring most of working life, even if refliedly Jenn RR	Bulle, Mid USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
celilall xi mound	Maglited nominally
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.1 (Yes no openinown) (If yes, gifty was problem of service)	INFORMANT Address
915 04	1; Chill of Mikim La are
18 CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c).]	INTERVAL BETWEEN ONSEI, AND DEATH
PART I. DEATH WAS CAUSED BY: SMMEDIATE CAUSE (b) 6 212128	viscular accident & days
DUE TO	
Canditions, if any, which) (61	
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	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
САТІ	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter notive of injury in Port I or Port II of Item 18.)
A Hour o. m. While Not white for	ACE OF INJURY (Home, form. 20f. (City or lawn) (County) (State)
p, m, 19 at wark at work	
21. I certify that I attended the deceased from 5/28	19.57, to 1/17/59, 19 that I last saw the deceased
alive on 1/17/59, 195, and that death	39
#1 /2 //	, ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE MILLS MILLS	" 1300 Sh. Aleman 1 1/17/63
SIGNATURE	M.O
PHYSICIAN'S NAME (Type)	
220. BUR AL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (State)
Burial Jan. 20, 1959 Baltimore Ma	tional Cemeter Baltimore. Will
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Hecury U. densins + Sons. Co. 4905 Yor	he Road paten 19'59 a day a Trans



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

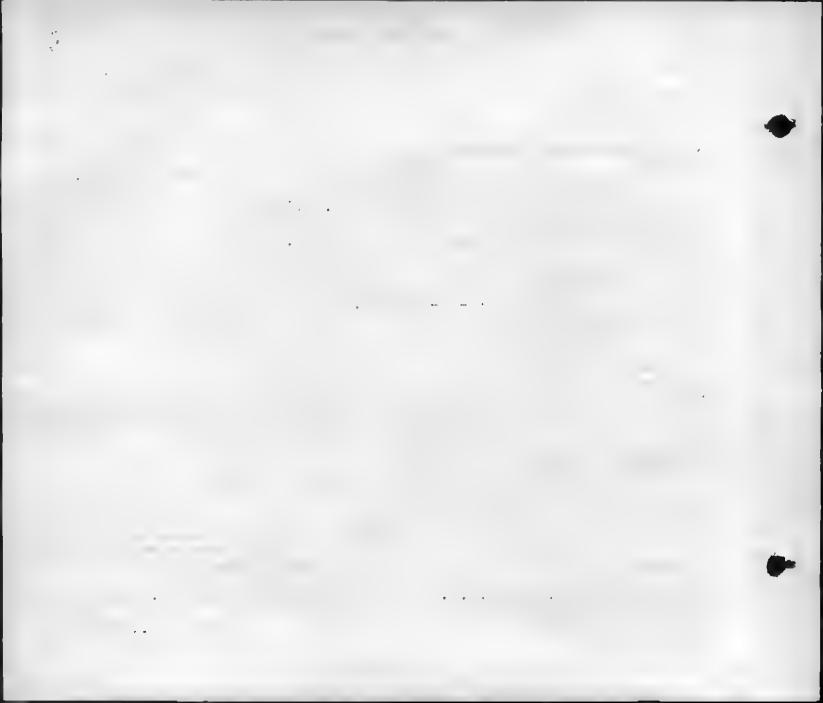
TO HOSPITAL OR

VS A15 (4) 15M 9/55

death. Page 4

00284

	CERTIFICA	TIE OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
Baltimore	MARYLAND	Marylai	nd	Baltimore
b. CITY OR TOWN (If outs de corporate fimils, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give nearest lown)
Edgemere 9	8 years	Edgemen	1,6 1,8 1	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADORESS 2511 Se	-basi Vanas i	e. IS RESIDENCE ON A FARM?
2511 School House	Lane	2511 3	chool House	Lane YES NO 📆
3. NAME OF First DECEASED	M-ddle	Lost	4. DATE Month	
(Type or print) WILLIAM	MORRIS	JOHNS	DEATH Janu	
	RIED NEVER MARRIED	8 DATE OF BIRTH	free burthdays	Months Days Hours Min
male white widow		Jan.12,18		
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTR
Helper	Steel	Wales, En		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	· · · ·	
John Johns			Lewis	
(Yes no or unknown) . Ill use must use deter at secural		NFORMANT	Addre	955
		Vm.Plumboff	same as #2	
PART I. DEATH WAS CAUSED BY.	ine far (a), (b), and (c).]			ONSET AND DEATH
IMMEDIATE CAUSE (6)	Feber Jones	lmonia		2 day
_> DUE TO		P + 0	. 0 -	1.1
Conditions, if any, which (b) (b)	ongloture	man fe	action	6 Mar
couse (a), staling the under-	I mus anth	natice Brown	nel tri thin	olyne 1/2 uses
lying couse lost. (c)	CONTRIBUTANC TO DEATH BUT	NOT BELLTED TO THE TERMIN	MAL DISEASE CONDITION OUT	The state of the s
PAPT II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COR	CONTRIBUTING TO DEATH BUT	NOT RECATED TO THE TERMIT	NAT DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in F	ort Lar Port II of (lem 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, farm	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d Haur a. m. 19 of we	nk ☐ at work ☐ ☐	tary, street, affice bldg , etc.	1	
21. I certify that I attended the decea		10/2 10	tin 21 1059	that I last saw the decease
alive an 20 19	57, and that death	9 30		nd on the date stated abov
W Committee of the comm	SELE, and mar deam	occorred of 2	ADDRESS (Street, city or town, s	tale) DATE SIGNE
SIGNATURE John U Con	nurde	MD. 914 D	Street	
(/				
PHYSICIAN'S John V. Conwa	y,M.D.	Sparre	ows Point 19	Maryland
220 BURIAL CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City, fown, or	county) (State)
BULY 181" 1/24/59	Oak Lawn Co	emetery	Baltimore C	o., Maryland
23, FUNEBAL DIRECTOR'S SIGNATURE	ADDRESS	1		TRAR'S SIGNATURE
VILLE LINER I RANGE	/ Dunda.	1k 22 DAMEN 2	6 '59 Chilus	L. Thrace



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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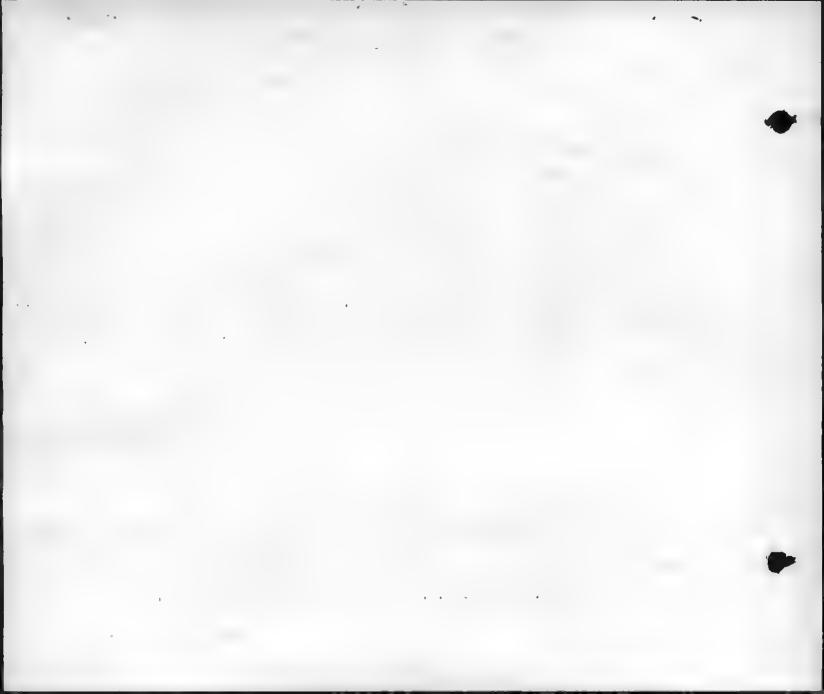
VS A15 (4)

15M 9/58

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page

the registrar



ADDRESS

1407 Eastern Ave Rd.

24o. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

0 VS. A1SME 5M 2/57

23. FUNERAL DIRECTOR S-SIGNATURE



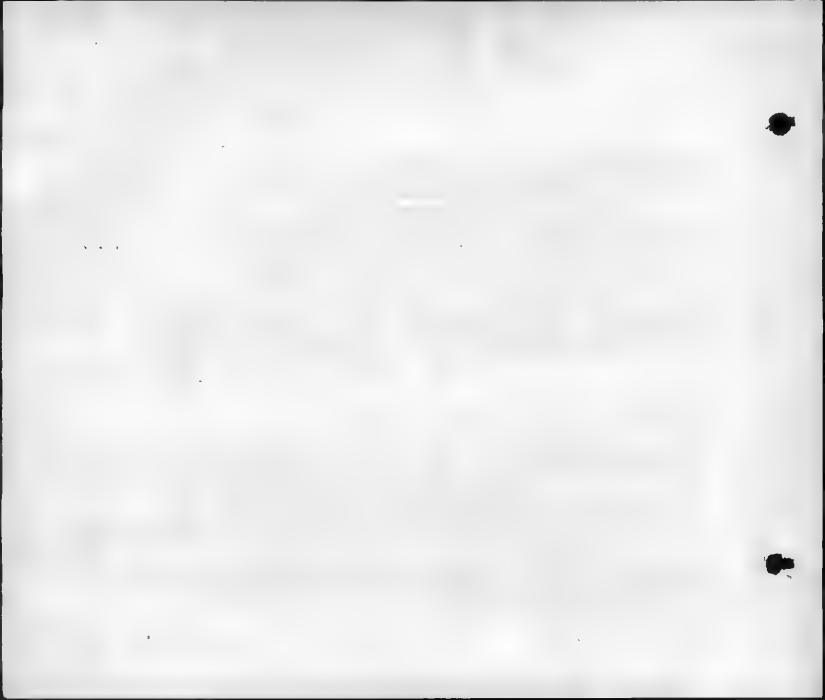
FOR STATE HEALTH DEPT.

ony please or Files. of Realth, 10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is near execute the certificities, writing the word "pending" in penal in them, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be ignored to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained from Funeral Discrete Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	200							Reg. I	Dist. Na	ð.	
PLACE OF DEATH	∂ U₁		2. USUAL RESIDENCE (Where deceased lived. If institution Res dence before admission)								
	Baltimore		MARYLAND	o. STATE	Mary.	tand	b. COUNT	W Balt	imor	re	*
b. CITY OR TOWN (1) and give neerest town Bengies	(20)	A. E LENGT	H OF STAY IN 16	c. CITY OR	Beng:	1 7	rporote limits, write 20)	RURAL or	nd give r	iearesi 19v	wn)
d. NAME OF HOSPIT	AL OR INSTITUTION (IF no	it in hospital, give s	treet address)	d STREET	DDRESS				- Selection on Selec		ESID NOI
Pa. R.R	. Bengies Cro	ssing		3012	Beng	ies R	d.				No E
3. NAME OF DECEASED (Type of print)	First George	Jones	Middle	Lost		4 DATE OF DEATH	Mont Januar	0.0	Day	Y ₁	eor 9 59
5. SEX	6 COLOR OR RACE 7.	MARRIED NEV	ER MARRIED 🗐 B	. DATE OF BIRTH			9. AGE (in years last birthday)	IF UNDE	RIYEAR	IF UNDE	ER 24 HR
1/n] e	White W	DOWED	DIVORCED [March 7	. 195	T	ry yes.	Months	Days	Hours	Min.
during most of working	ON (Give kind of work done in life, even if retired)	106 KIND OF BU	SINESS OR INDUST		CE (Slote	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTR
Stude		Scho	ol	Mar	vland			1	J.S.	Α.	
13. FATHER S NAME				14. MOTHER'S	MAIDEN N	IAME			_		
David J				Lil	a Rop	er					
15. WAS DECEASED EV [Yes, no. er unknown)	ER IN U. S ARMED FORCES	57 16 SOCIAL SEC	URITY NO. 17 M	NFORMANT			Address				
No		None		David J	ones		Same				
18. CAUSE OF DEA	TH [Enter only one cause p	er line for (o), (b),	and (c).)		4 .	1			INTE	EVAL BETWEE	EN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	MULTIN	Le. Ce	mppe	الله الله	Tra	dues		~		
510 X	DUE TO	1.		1				- 20 %			
Conditions, if a	ny, which } no	Mile	2	kul	L						-
gave rise to immed (a), stating the											
couse last.	(c)										
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTR BUTIN	G TO DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PA		9. WAS A PERFOI YES	AUTOPSY RMED?
20g EXTERNAL CAL	JSE WAS 206 D	ESCRIBE HOW HIL	JRY OCCURRED (E	nter notuce of in	ury in Fort	For Port I	ol item 19-1		. ——		-
	/A	XI WAS	Stru	ekbs	PRI	ch,	un (Xe	wp.	· (no	-
20c. T ME OF INJUI	Month, Poy, Year	20d. INJURY OCC	TURRED 20e PLA	CE OF INJURY (H	lome, form,	20f (Cit	y or lown)	1Ce	ounty)	,	(SIGIA)
3 Hold pin	123/56	While Nat at work at w	77/	R CRo		Min	die la	יר יר	- Qu	14.	my
21. I certify th	not I took charge af	the remains o	described abo				nspection D	Inqui	7y 7	- and	d in m
	resulted from: Nat		_	_/		damicide	_	rmined		_	
ACTUAL SIGNATURE	11/25	ave	m Marin States desired	INI ID.		AMINER [1	DATE SI	GNED
EXAMINER'S NAME (Type)	1. B DAL	lis MI				AL EXAMINE XAMINER			1/2	4/3	T9
220. BURIAL, CREMATIO REMOVAL (Specify) Hemoval	1/25/59		of cedetery or tts Funor				TION (City, town, nklin, N.			(Stote	1
23 FUNERAL DIRECTOR	VIEW LOS LOS AND AND ROOM	ADDRI				NY REGIST		STRAR S SI			
James Br	uzdziński lA)7 Easter	n Ave Rd.		DATEJAN	126'5	9	med &	Thron	4	

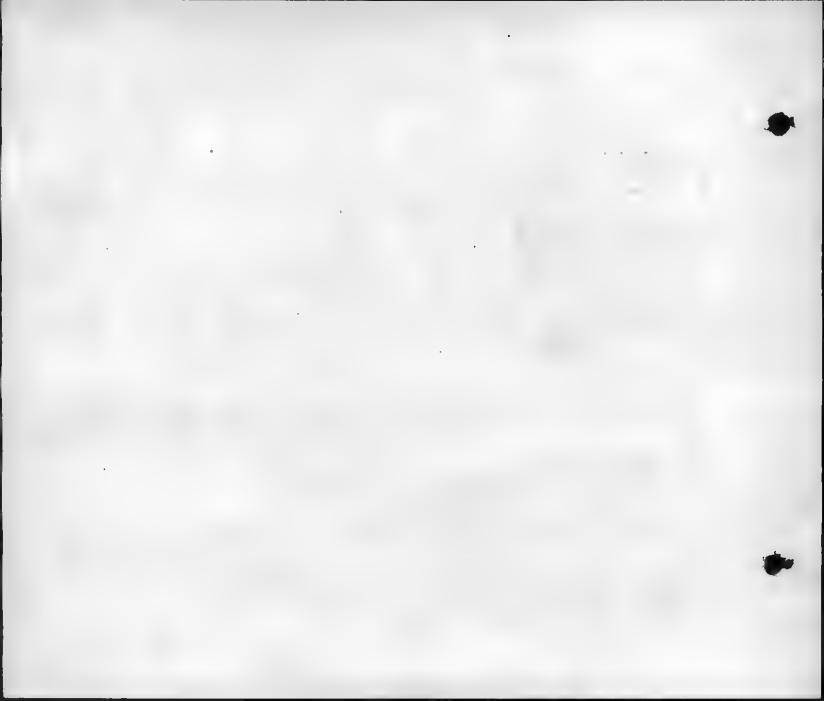


FOR STATE HEALTH DEPT.

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5	0	210	ш	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hays, after a
M.	20	0	2	M1
O	83 34	3	E	B.
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¥5	A	15	ME	
o S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de	M :	2 15	7	

00288 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

			3						**
	ACE OF DEATH	30	4		1	NCE (Where deced	sed hved If institu	otion- Residence b	efare admission)
		altimore		MARYLAND	o STATE Ma	rvland	6 COUNT	Y Baltimo	re
b,		sultide corporale limits, writ	e PUPAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porote limits, write	RURAL and give	nearest town)
	Bengies	(20)			Beng	ies (20)			
d,	NAME OF HOSPITA	L OR INSTITUTION (If nat in hos	pital, give street address)	d STREET ADD	RESS			ON A FARM?
	Pa. R.R	. Bengies (Crossi	ng	3021	Bengies_	Rd.		YES NO
3. N	AME OF	Fir	at	Middle	Lost	4. DATE	Monti	h Doy	y Year
	ype or print)	John	Jones			OF DEATH	January	7 23,	19 59
5. SE	X	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 2 8	DATE OF BIRTH		9. AGE (In years feet birthday)		R IF UNDER 24 HRS
	Male	White	WIDOWED	DIVORCED	Nov. 10,	1952	6 уга.	Months Days	Hours Min.
10a.	USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE	(State or lateign	country)	12 CITIZEN C	OF WHAT COUNTRY?
	Studen		Sc	hool	Maryl	and		U.S.	A. e
13, F	ATHER'S NAME				14. MOTHER'S MAI	IDEN NAME			
	David .	Jones			Lila	Roper			
15. V		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IF	NFORMANT		Address		
	NO		N	lone	David Jon	es	Same		
		H [Enter only one car	se per I ne i	far (a), (b), and (c).	7	, c	1		ERVAL BETWEEN SET AND DEATH
	PART I, DEATH	HWAS CAUSED BY: MMEDIATE CAUSE (a)		1/Ltiple	Dm Pou	ING 7	TRACTI	1 Rus	
	810X	DUE TO			C 1-				
	Conditions, if on		in	2 hudins	Sku				
	gove rise to immed (a), stating the u	A DOLL TO							man har paramet
	couse fost.	(c))						
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERM NALDISEA	SE COND TION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATION	. /								YES NO Z
	No. EXTERNAL CAU PRIMARY LA OF CON LAUSE OF DEATH.	SE WAS	DESCRIBE	HOW INJURY OCCURRED. (E	nier nature al injury	in Port I or Port I	of Hem 181	0	1
	AUSE OF DEATH.		ואדו	WAS STRUCK	- 04 71	CR. Th	ui (Xu	ugin Us	mi)=
WEDICAL	Oc. TIME OF INJUR	Manth, Doy, Yes	or 20d l	NLURY OCCURRED 20e PLAC	CE OF INJURY (Homory, street, office bid	e, form, 20f. (Cit	y or town)	(County)	(State)
ME	D P m.	1/48/27 19		rk D of work D	a Caron	Mia	Hie lin	20-20	ulds 7/
	21. I certify th	al I taak charge	e of the r	emains described aba	ve, held an Au	nopsy [],	nspection 🔲	Inquiry	and in my
	pinian death	esulted fram:	Natural c	auses 🔲, Accident [Suicide [], Homicide	: [], Undete	ermined mann	ier 🔲
	1	ma		1				1	DATE SIGNED
	ACTUAL SIGNATURE	010	ar	n-	_M.D. CHIEF MEDI	CAL EXAMINER	,	/ ,	DATE SIGNED
	EXAMINER'S /	man		· 11 2	ASSISTANT I	MEDICAL EXAMIN	ER 🔲	W/-	71
	NAME (Type)	11.12 1	DVI	5 /11/		DICAL EXAMINER	4	I I N	7.
	BURIAL CREMATION	N, 226 DATE THERE	OF .	22c NAME OF CEMETERY OR	CREMATORY	22d LOCA	TION (City, fown,	or county)	(State)
	temoval	1/25/59		Potts Funera			nklin, N.		
23 F	WERAL DIRECTOR!	Willes I Lang	The Fo	stern eve Rd		JAN 2 6 '5	TRAIT 24b. REGIS	STRAK'S SIGNATU	JRE
/.	lames Bruz	azmyll 1	FU 1 1581	SPOTIL AG 100	DA	JAN 2 6 '5	0.55	a / Hall	X



	000	Keg. Dist. No.
	1. PLACE OF DEATH O. COUNTY Baltimore MARY	LAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE Maruland B. COUNTY Baltimore
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5804 East Avenue	5804 East Avenue . Is residence on a farm? YES NO DX
	3 NAME OF DECEASED (Type or print) Mrs. Wilhelmina (Minni	Le) Kahmer DEATH January 6th 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCES	DE Apr. 11, 1885 T3 yrs Manths Days Hours Min
\	108. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS Of during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA
	13. FATHER'S NAME John Dieter	14. MOTHER'S MAIDEN NAME Anna Snuder
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes. no. or unknown) [!] yes, give wer or date of tervice)	
	18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) US O DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under. Lying cause lost. [c]	INTERVAL BETWEEN ONSET AND DEATH
ر	TILL	NTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19
		CCURRED (Enter nature of injury in Part 1 or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work at work	20e PLACE OF INJURY (Home, farm, 20f (City or lawn) (Caunty) (State) factory, street, affice bldg, etc.)
200	21. I certify that I ottended the deceosed from	deoth occurred of AM, from the causes and on the date stated above. ADDRESS (Street, city, or Jown, state) DATE SIGNED M.D. 9302 Harford Road 1/6/59
	PHYSICIAN'S HARRY F. K	ANE
	Burial 1/9/59 Balte	MCZ 22d. LOCATION (City, toyon or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford Re	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AND 7 159 Chilling 8, Knaus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dimith Page 4 may be retained by the hospital or attending physicion.

O FUNERAL DIF. OR: After this certificate has been signed by the attending physician and completely fitted in by page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation ar remaval, and in any event within 72 hours, after death. may be retained TO FUNERAL DIR

VS A1S (4) 15M 9/5S

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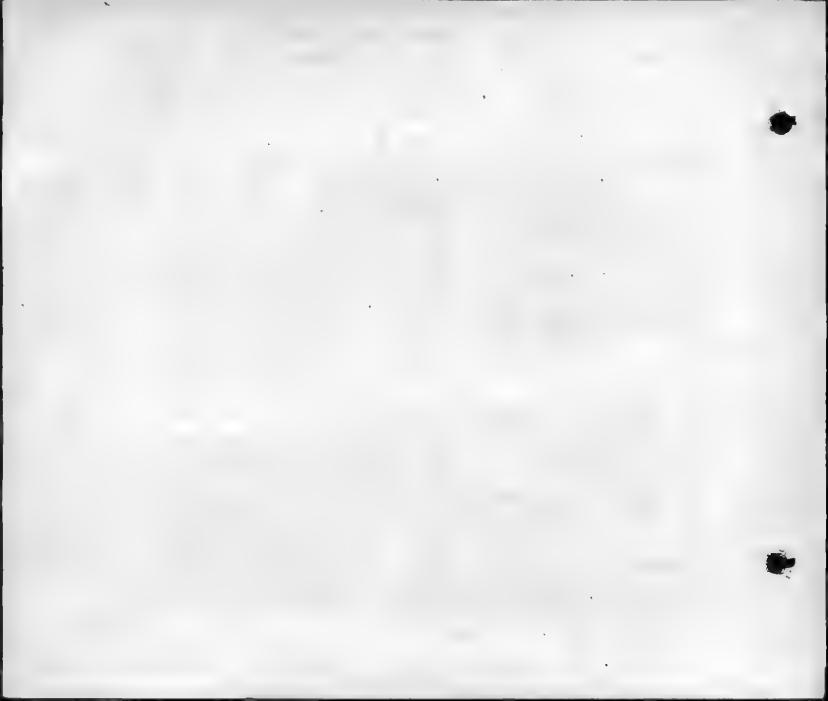
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ifond Road

		30	6 CERTI	FICAT	E OF DEATH	1	Re	g. Dist. N	o
1.	PLACE OF DEATH	Baltimore	MARY	l)	USUAL RESIDENCE (Wh	ere deceased liv	ed. If institutions R b. COUNTY	esidence be	fore admission)
					Mary	land			more
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limits, write arest town).	c. LENGTH OF STAY	IN 16	E. CITY OR TOWN (IPO	ville	limits, write RURAL	and give n	earest lown)
	d NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, give stro	hton Avenu	e	d. STREET ADDRESS 2516 (n	eighto	n Avenu	e	e. IS RESIDENCE ON A FARM? YES NO 1
	NAME OF DECEASED (Type or print)	r. Gustav	R. Middle		Karow	4. DATE OF DEATH	Honth Januar	- /	Day Year
5.	sex mala	7 .	ARRIED NEVER MARRIE		ATE OF BIRTH	01	AGE (In years IF t		AR IF UNDER 24 HRS
100	during most of worki	N (Give kind of work done) I ng tife, even if retired)	0b. KIND OF BUSINESS O	R INDUSTRY	0 1	or foreign count		2. CITIZEN	OF WHAT COUNTRY
13.	FATHER'S NAME Rudoly	oh H. Karow		1.	Lizabet	1 7 .	sel		
15.		IN U. S. ARMED FORCES? Fyes, give war or dates of service)	16, SOCIAL SECURITY NO	Mrs.	Annabel	Karow	2516 (reig	phton Ave
	PART I. DEAT	TH [Enter only one couse pe 'H WAS CAUSED BY: IMMEDIATE CAUSE (a)			sterosis			IN OI	TERVAL BETWEEN NSET AND DEATH
	Conditions, if on gave rise la im couse (o), slating I lying couse lost.	mediate DUE TO					The state of the s		
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN I	N FART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	DESCRIBE HOW INJURY O	CCURRED (E	nter natur e of injury in I	Part I or Fart II o	of alem 18.)		
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	WI	t. INJURY OCCURRED tile Nat while work at work	20e PLACE factory	OF INJURY (Home, form, street, affice bldg., etc.	20f. [City or	tawn)	(Count	y) (Stale)
	21. I certify the	at Lattended the dece			., 1957, to 1 curred at 4:457	m or			saw the decease
	ACTUAL SIGNATURE	Delice	,	M.D.			, city or town, state Road #		DATE SIGNE 1/28/59
	PHYSICIAN'S NAME (Type)	Or. Yoseph	Skloven		Baltimo	re 14.	Maryla	nd	
220	O. BURIAL, CREMATION REMOVAL (Specify)	1/31/59	Morelar	etery or cr 2d Mei	v2 1	Bal	(City, lown, or co	unly)	(Slote) Land
23.	FUNERAL DIRECTOR'S		ADDRESS		24a. REC'I	D BY REGISTRAR	24b REGISTRA	R'S SIGNAT	URE

uneral director, TO FUNERAL DISCOR. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld to be etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaut the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

307 CEDTIFICATE OF DEATH

Rea.	Dist.	N

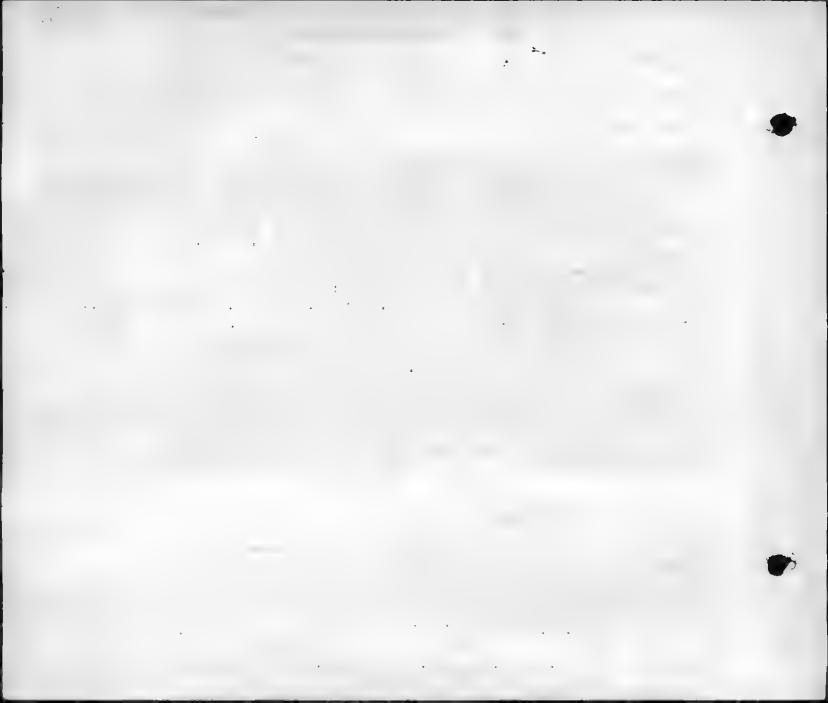
PLACE OF DEATH						Ke	g. Dist. No),	
o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	ere deceased liv	h COUNTY	Residence bef		on)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, nearest town) Ruxton	write c. LEI	ngth of stay in 16	Ruxton	utside corparate	limits, write RURA	L and give no	arest fown	
d. NAME OF HOSP	ITAL (If not in hospital, give	a street oddres		d STREET ADDRESS				e, IS RESI	DENCE
OR INSTITUTION	1510 LaBell		•	/ 1510 La	Belle A	venue			FARM?
NAME OF DECEASED (Type or print)	First BEU	T, AH	Middle HO GE	KARR	4. DATE OF DEATH	Month January		-/	9 59
5EX	6. COLOR OR RACE 7			8. DATE OF BIRTH	9.		INDER 1 YEA		
Female	1	VIDOWED 🔯	DIVORCED 📋	August 24, 1	886	AGE (In years IF L lost birthday) 72 yrs.	onths Days	Hours	Min,
o. USUAL OCCUPATI during most of wor NONE	rking life, even if refired)	ne 10b. KIND (NONE	West Ches			USA	OF WHAT	COUNTRY
FATHER'S NAME			NONE	14. MOTHER'S MAIDEN N		illites.	ODA		
THE	HK Edward Bo	neel H	2.770	Frances					
	ER IN U. S. ARMED FORCE		·	INFORMANT : SOD	MOT CO11	Address			
(es. no, or unknown) NO	(If yes, give war or dates of servi	NO	1	. Harry E. Ka	T		1 0	A D.	
Conditions, if a gove rise to couse (o), stoting lying couse tost.	Immediate p the under-			r Colon with	rde s			19. WAS A	
PART II O									NO IF
200. ACCIDENT WORLD CONTRIBUTING	YAS UNDERLYING 12 G 12 CAUSE OF DEATH Y MEDICAL EXAMINER)	06. DESCRIBE H	OCCURRED 20e. PI	ED. (Enter noture of injury in I	20f (City or		(County	YES 🗌	NO IT
20c. TIME OF INJU	YAS UNDERLYING 12 G 12 CAUSE OF DEATH Y MEDICAL EXAMINER)	20d. INJURY Whileh	OCCURRED 20e. PI		20f (City or		(County	YES 🗌	NO IT
20c. TIME OF INJU Hour o. m p. m.	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	20d. INJURY While of work of	OCCURRED 20e. Pl	ACE OF INJURY (Home, form ctory, street, office bidg, etc.)	20f (City or	town) 2. 1959.,th he causes and t, city or town, state	on the do	YES aw the ate state	(Stote)
20c. TIME OF INJU Hour o. m p. m. 21. I certify to alive an	YAS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 19 hat I attended the d	20d. INJURY While of work leceased fro , 19 5 9	OCCURRED 20e. Pl	ACE OF INJURY (Home, form ctory, street, office bidg, etc.) 1958, ta accurred at 2:10 A	20f (City or	town) 2. 1959.,th he causes and t, city or town, state	on the do	YES aw the ate state	(Stote)
200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive an	AS UNDERLYING 20 CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 19 hat I attended the d 1 20 A A A A A A A A A A A A A A A A A A A	20d. INJURY While of work to leceased from 1959 112 Lec II pp) ee I 22c	OCCURRED 20e. Plat work	ACE OF INJURY (Home, form ctory, street, office bidg, etc.) 1 1958, to accurred at 2:10 A M.D. 1014 St ROR CREMATORY	20f (City or) 20f (City or)	town) 2 1959, the causes and the causes and the causes and the causes and the causes are the ca	on the do	aw the state DA	(Stote) decease d abov TE SIGN
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uneral director, old be filed with IL HOLITIAL OR ATTENDING ENYSICIAN: The low require at the death serificate be executed within 24 hours after death. Page may be retaine. The hospital ar attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician, and campletely filled in by page 3 shauld elached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 for the registrar prior to burial, cremation, or remaral, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55



E. Schimunek Funeral Home

AISME

ON A FARM?

19 59

YES NO

Hours Min

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BET MEEN

ONSET AND DEATH

PERFORMEDA

DATE SIGNED

(State)

U.S.A.

(County)

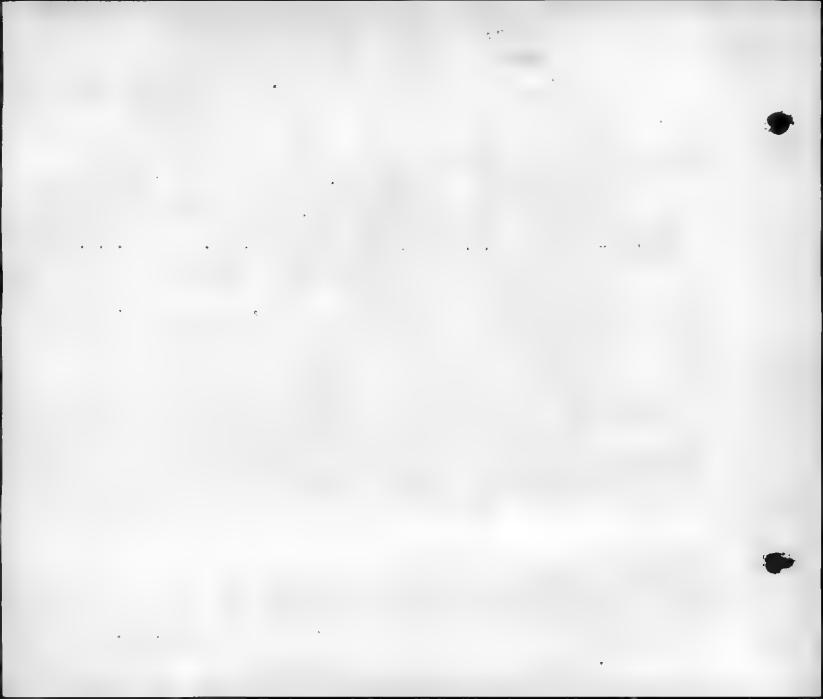
24b. REGISTRAR'S SIGNATURE

Circina & to

240 REC'D BY REGISTRAR

Rea. Dist. No.

Baltimore



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ofter

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 310

	<u></u>	<u>U</u>	CLKIII	CAIL	OI DI		•		Re	g. Dist. No	h	
Baltimore			MARYLA	UND 2 U	SUAL RESIDER	NCE (Wh	era deceased	d lived. If institu b COUNT		Residence befo	ore odmis	sion)
Fort Howa	(If outside corparate limits, nearest town)	write c. LEN	igth of stay in 2 Days	(1	CITY OR TO	ok Av	renue)	Baltim	RURAI O re	ond give ne Mary	land	n)
OR INSTITUTION	Administrati		_	11	STREET ADE		renu e	3 ٧	n !	4	ON A	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	ISREAL		Middle J.	KE	LIX		4. DATE OF DEATH	Janua	onth Cy		25	Yeor 19 59
5. SEX	6. COLOR OR RACE 7	MARRIED 2	NEVER MARRIED	□ 8 DA	TE OF BIRTH			9. AGE (In year	s IF U	INDER I YEAR	-	
Male	0020204	VIDOWED [D-VORCED		gust 10			lost, birthdoy) 50 yr		onths Days	Hours	Min
during most of we	ION (Give kind of work do orking life, even if retired)	ne 10b. KIND (OF BUSINESS OR	INDUSTRY	II. BIRTHPLAC	E (Slate	ar foreign co	ountry)	1	2 CITIZEN	OF WHAT	COUNT
Porter			Hotel		Savani	nah,	Georg	ria		U.S.	A.	
13. FATHER'S NAME				1	MOTHER'S M							
Fred Kelly	<u> </u>				Rose Wi	inkle	en					
IS WAS DECEASED EN	/ER IN U 5 ARMED FORCE		SECURITY NO.	17 INFOR		-		Ad	ldress			
Yes	WII		01-1033	Clin.	RecVe	et.A	m. Hos	pital F	t.H	oward.	Mar	ylan
Conditions, if gave rise to couse (a), stating lying cause last	immediate DUE TO	CARCIN			OR OF 1			F CONBITION G	IVEN II		MON	AUTOPS
5			OW INJURY OCC								PERFC	ORMED?
	Y MEDICAL EXAMINER)											
ZOc. TIME OF INJU Hour a. m. p. m.	10		ot while work	De. PLACE O factory,	F INJURY (Ho Ireel, office b	me, form, ldg., etc.	20f. (City	or town)		(County)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) CI	that Vattended the disposition of the UZ Fa	M.D.	ond that d		VAH,	35	ADDRESS (SI	17	and	1	ite state	
Burial (Specific	1128/11	200	Baltimor					more, M			(Stol	ie}
23. FUNERAL DIRECTO	R'S SIGNATURE	1808	-10 N. M	lonroe	St. 24	la. REC'E	BY REGIST	RAR 24b REC	SISTRA	R'S SIGNATU	RE	
rlington S	. Phillips		imore 17		D.	ATE	0 150		-4	111		

eral director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after in by t may be retaine IV. he haspital or attending physician.

TO FUNERAL DIR

R: After this mertificate has been signed by the attending physic an and campletely filled page 3 shauld be mached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 of the registror prior to burial, cremation, ar remayal, and in any event within 72 haurs offer death. VS A15 (4) 15M 10/57



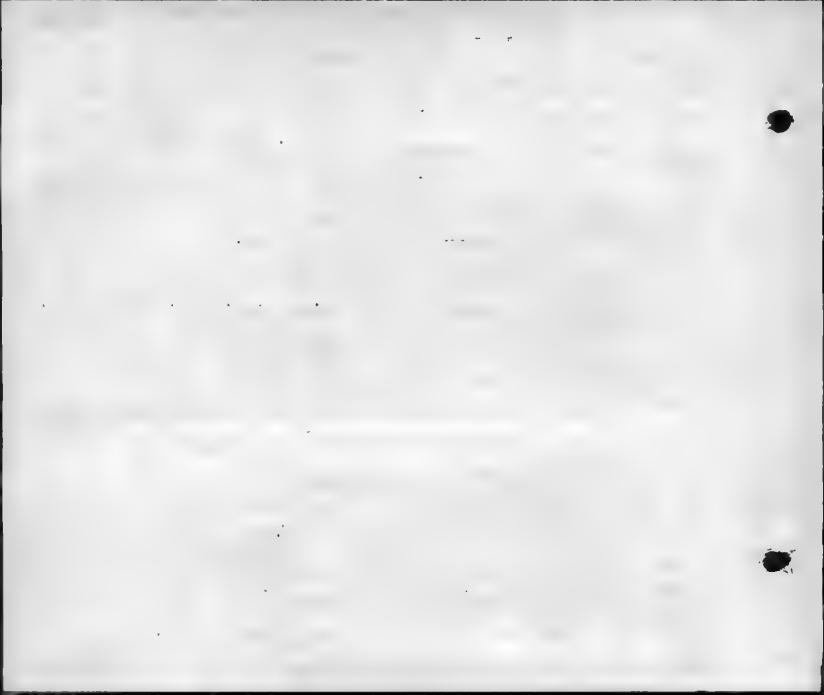


00297

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Baltimore c. CITY OR TOWN (if outside corporate limits, write RURAL and give regrest town) e. IS RESIDENCE ON A FARM? Chesapeake Avenue YES NO IN Month Day Year 1959 January IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address Arnold J. Kleff, Jr. 407 W. Chesapeake Ave. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (County) (State) ...that I last saw the deceased M, from the causes and an the date stated abave. ADDRESS (Street, city or topyn, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) New Cathedral Baltimore. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE JAN

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DATE JAN

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death. Page puo £ papers. death ٥ ony puo burial-transit 3 should noy be retail pode VS A15 [4] 15M 9/55



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uneral director, old be filed with

may be retained the hospital or attending physician.

2 FUNERAL DISCORT After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld stacked for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 smather registrar prior to burial, crematian, at remaval, and in any event within 72 hours after death.

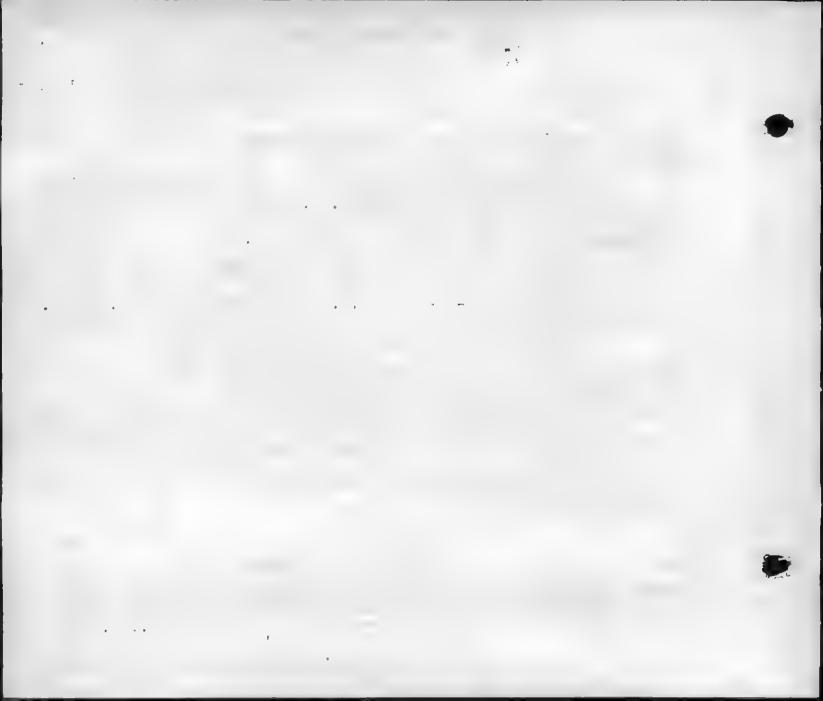
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

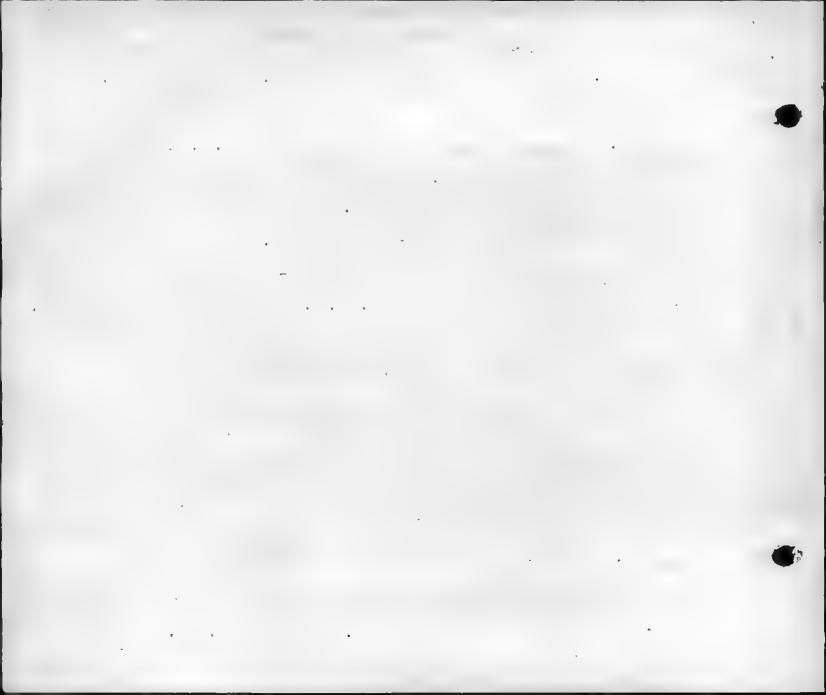
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CEDTIFICATE OF DEATH

1		20	4 CERTIFICA	AIE OF DEATI		Res	g, Dist. No.	
	1. PLACE OF DEATH a. COUNTY Ba	ltimore	MARYLAND	2 USUAL RESIDENCE (WO. STATE MARVIE	_ t	. COUNTY	esidence befor	
1		utside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				
	OR INSTITUTION	(If not in hospital, give street Dunbrin Cou	address)	2904-C Dur	ıbrin Co	urt		e. IS RESIDENCE ON A FARM? YES NO 🔀
	(Type or print)	HOWARD	Middle HENRY	KRATZ	4. DATE OF DEATH	Month Janua		th, 1959
	male	COLOR OR RACE 7 MAR WIDOW	ED A DIVORCED	Nov.25,189	64	E (In years birthdoy) yrs		Hours Min
	Carpente	life, even if refired)	Railroad	Baltimo	re, Mary		USA	F WHAT COUNTRY
	13. father's name Char	les Kratz		14. MOTHER'S MAIDEN I	~			
	S WAS DECEASED EVER IN (Yet no or unknown) (H y	es, give wor or dates of service)	SOCIAL SECURITY NO. 17 212-03-7218	C.W.Kratz	20/0	Address	RdI	Balto.22
	PART I DEATH	[Enter only one couse per I WAS CAUSED BY: IMEDIATE CAUSE (o) DUE TO	ine for (o). (b). and (c)]	y Thyon	mbosi	is	INTE	ERVAL BETWEEN LET AND DEATH -MM CAULU
	Conditions, if ony, gove rise to imm couse (a), stating the lying couse lost.	ediote (arten	Beller	sis			oyrs.
	SCATIC		CONTRIBUTING TO DEATH BUT			DITION GIVEN IN	N PART 1(0) 1	PERFORMED?
		CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of i	tem 18.)		
	20c. TIME OF INJURY Hour o. m. p. m.	While		ACE OF INJURY (Home, form cotory, street, office bldg., etc.	n, 20f (City or tow	rn)	(County)	(State)
	21. I certify that alive on	and 14, 19	sed fram Jan		_M, fram the	causes and	an the dat	
	ACTUAL SIGNATURE	land H	· Undelew		ADDRESS (Street, ci			DATE SIGNE
	PHYSICIAN'S NAME (Type)	Parid H	Andrew.	Balti	more 22	,Maryle	nd	ier die sie 198 die 199 aus des een ver des geveen d
	Bur al, CREMATION,	1/17/59	Oak Lawn C		Baltime	ore Co.		(Stote)
	3. FUNERAL DIRECTOR'S S	weeks Brewley	Dundalk	22.Md.	D BY REGISTRAR	24b REGISTRAR	S SIGNATUR	E

TO HOSPITAL OR ATTEMBLE PHYSICIAN: TIB tom requires that the death certifical bill ellecuted within 24 haurs offer death. Page 4 may be retaine
TO FUNERAL D
page 3 should VS A15 (4) 15M 9/55



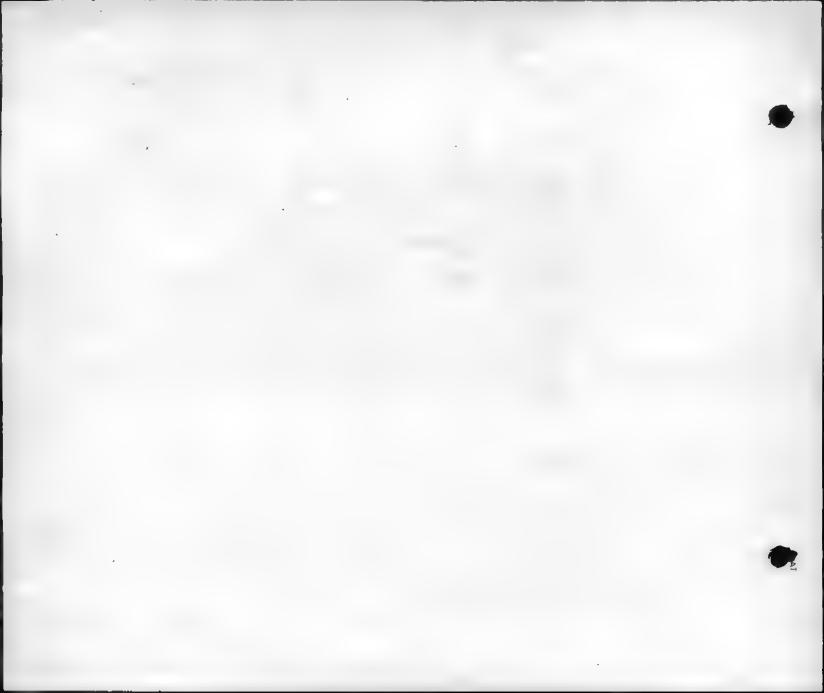


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	315 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
	COUNTY Batte, Co- MARYLAND	2. USUAL RESIDENCE (Where deceased I ved If institution on STATE)	
2	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b CRURAL Transfer reports town)	c. CO OR TOWN life outside corporate limits, write	e RURAL and give nearest town)
d	OR DISTRICT OF HOSPITAL (If not in bospita, give street address)	1309 Ridge	Residence on a farm?
0	IAME OF ECEASED World Hillar K	riner DEATH //M	Anth Day Year 195
5.5	Emale W WIDOWED DIVORCED .	B DATE OF BIRTH LL. 9, 1887 AGE (In yeo lost birthdoy 7)	75
	USUAL OCCUPATION (Give kind of work dane of kind of Business OR INDU during most of working life, even if retired)	Ill.	U. S. a.
1	John Hammond	a MOTHER'S MAIDEN NAME	n/
(Yes.	no, or unknown) (f yes, give wor or dottel of service)	Nm. Krines	ddress
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornag IL	whosis	INTERVAL BETWEEN ONSET AND DEATH
	420, Conditions, if ony, which) (b) article Scher	osis greated	Section
	gove rise to immediate couse (p), stating the under-lying couse last.	0	
ICATION	PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT		GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
CERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of in vry in Port I or Port II of item 18.)	
MEDICAL	20c TIME OF NJURY Month, Doy, Year Mour o. m. 19 While Not while of work 19	ACE OF INJURY (Home, form, 20f. (City or tawn) ctory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from 3 cp 15 alive an 15, and that death	n accurred at Z M, fram the causes of	7,that I last saw the deceased and an the date stated above
	ACTUAL CALL PALE A	ADDRESS (Street, city or tow	en, state) DATE SIGNED
	PHYSICIAN'S CLIFF RATLIFF, SA	· BXLTO - 29	nd'
1):	BLR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OF THE STREET	DR. CREMATORY, Class Cocation (City town	clown md.
23	Superal Director's Signature Address Address	24a, REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afroced to Page 4 may be retained. The hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death VS A15 (4) 15M 9/5B



ALTH DEPT

PLACE OF DEATH a. COUNTY b. CITY OR TOWN I and give neares fow Woodlaw d NAME OF HOSPI

Rear 220 NAME OF (Type or print)

Male

5. SEX

d 3 to the funeral of may be retained f 2 with the State Bo ours after death. AMINER: This certificate should be executed within 24 hours after death, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and to the Chief Medical Exominer's Office along with form PM3. Page 5 m: Page 3 should be used as a buriol-transil permit. File pages 1 and 2 v. prior to burial, cremation, or removal, and in appressive within 72 hour. ded to

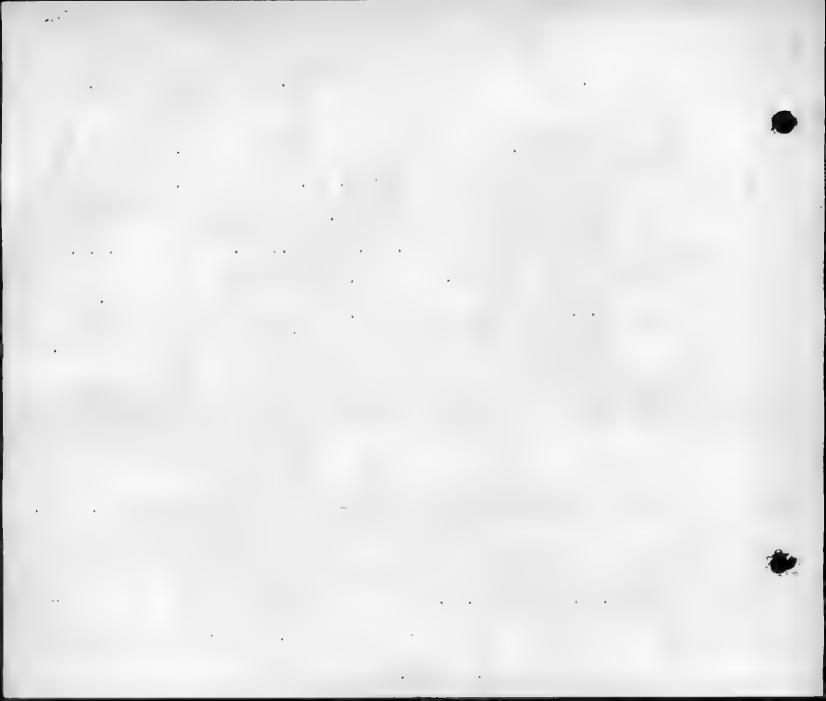
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MARYLAND STATE DEPA		CERTIFICATE	OF DEATH	Reg. Dist. No.	302
Lto.	ARYLAND	o STATE Md.	e deceased lived If institut b. COUNTY		City
r aufundo corporara Henris, write RUPAL c LENGTH OF ST		Baltimor	e 15	RURAL and give neares	I tawn)
AL OF INSTITUTION (If not in hospital, give street ad-		d STREET ADDRESS			S RELIDENCE
8 Krone Rd.		3811 Ridge	wood Ave.	YE	NO T
First Middle			DATE Month	Doy	Year
Arnold Henry	Kro		DEATH JAn.	14	1959
White Widowed Divorce		Nov.6. 1925	9. AGE t'n years lost butthday)	Months Days Have	NDER 24 HRS
ON (Give kind of work done 10b. KIND OF BUSINESS of life, even frehred) With Morgan Home Equi	p. Co	11 BIRTHPLACE (Stote or f	oreign country)	U. B. A	
	1	4 MOTHER'S MAIDEN NAM	*		
d Henry Krone, Sr.	1	W. Louise G	leichmann		
ER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY I		DRMANT	Address	TAT OO T	5
W. W. 11 212-20-845 TH [Enter only one cause per line for (e), (b), and (c).	58 Mr	s. Eva Beth	ke Krone-38	Bll Ridge	
TH WAS CAUSED BY: MMEDIATE CAUSE (a) Gun Bhot W	1	thru head(a	elf inflict	ONSET AND	DEATH
DUE TO			THE THE PARTY OF T	A 62-11.	

100. USUAL OCCUPATI Salesman 13. FATHER'S NAME Arnol 15. WAS DECEASED EV ves 18. CAUSE OF DEA PART I. DEA Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19. WAS AUTOPSY CERTIFICATION PERFORMED? NO DO 200 EXTERNAL CAUSE WAS PRIMARY DAOF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 Gun shot wound thru head(self inflicted) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f (City or fewn) (County) (Stole) factory, street, office bldg , etc.) Not while While Woodlawn-7 Balto. Md. at work of work House-21 1 certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion death resulted fram: Natural causes . Accident . Suicide A Hamicide . Undetermined manner D. D. Caples, M. D. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 1-15-59 DEPUTY MED CAL EXAMINER [4 NAME (Type) 270 BURIAL, CREMATION, 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIF)

REMOVAL (SPE 22d LOCATION (City, fown, or county) Baltimore National Cem. Baltimore Maryland 246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE





Reg. Dist. No.

1	
1	1.

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

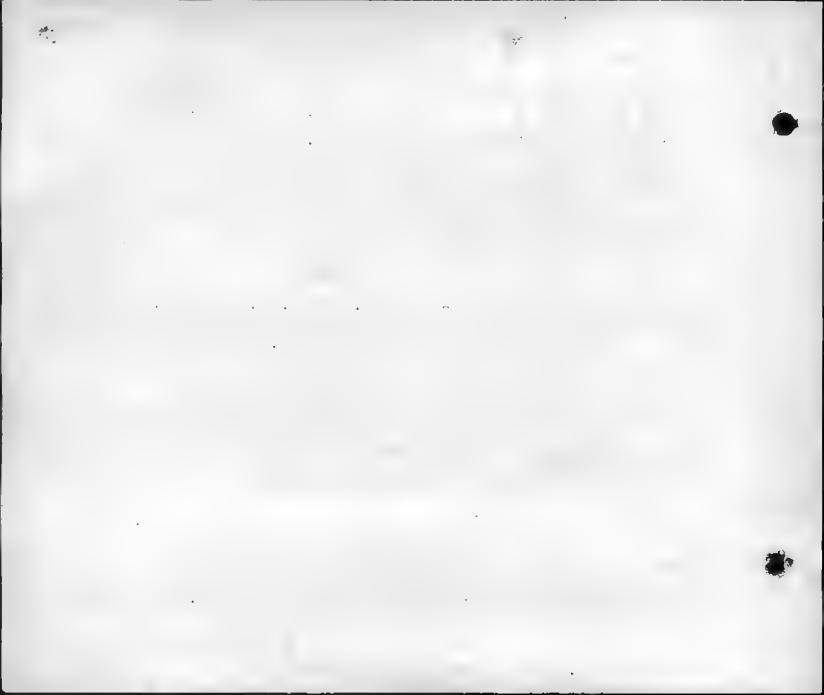
VS A15 (4) 15M 10/57

in by the neral director, and 2 should be filed with

may be retained by the hospital ar attending physicion.

TO FUNERAL DISCORDANCE After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave saisan papers. Pages I the registrar prior to burial, mrematian, an remaval, and in any enent within 72 hauf offer death.

1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on)
Baltimore	MARYLAND	Maryland b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howard	77 Days	601 S. Fremont Avenue, Baltimore
d NAME OF HOSPITAL (If not in hospito), give street OVINCTIONS Administratio		d. STREET ADDRESS 601 S. Fremont Avenue c is res dence on a farm? yes \(\text{No PA} \)
3 NAME OF First DECKASED (Type or print) IQUIS	Middle	KRULEVITZ January 12 19 59
5. SEX 6. COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRTH 9 AGE 110 years 115 UNDER 1 YEAR 15 LINDER 24 HRS
Male White widowi		December 12,1894 Oll yrs Months Days Hours Mn
10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Proprietor T	KIND OF BUSINESS OR INDU	STRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY Russia U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Michael Krulevitz		Tillie Lubbin
(Yes, no. or unknown) I'll yes more work or dates of services		In.Rec., Vet. Adm. Hospital, Ft. Howard, Maryland
DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d In Hour a.m. p. m. 19 of world 21. I certify thory attended the decease	PHYSEMA CONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURRED Not white of work of wo	INTERVAL BETWEEN ONSET AND DEATH 3 - YFARS UNKNOWN I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO F. D. (Enter noture of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Cotory, street, office bldg., etc.) 1 accoursed of 10:115AM, from the couses and on the date stated obove
1	,	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) DATE SIGNED M.D. VAH, FORT HOWARD, MARYLAND 1/12/59
		edical Service, VAH, Ft. Howard, Maryland
200 BURIAL CREMATION, 226 DATE THEREOF BEMOVAL (Specify) BURIAL Jan 14, 1951	224 NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (Stote) Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Jack Lewis - The 2100 Eut.	ADDRESS PLace Balt	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



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TO HOSTITAL OR ATTENDING HITSSCHN: The law require that the death certificate be extented within 14 haurs after

may be retained TO FUNERAL DIR

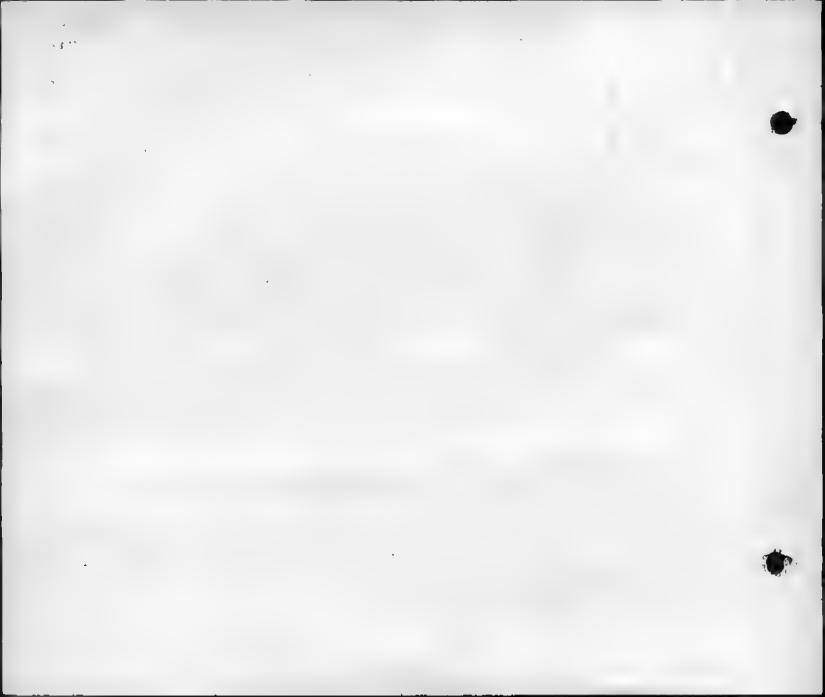
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 200

CEPTIFICATE OF DEATH

00306

COUNTY BATTMOYE MARYLAND C. CITY OR TOWN (II outside corporote limit, write RURAL and give neores) town) RURAL org give neorest town) RURAL org give neorest town) A. MANE EXAMPLE MAYS h d. NAME EXAMPLE MAYS h d. NAME OF DEATH CONTROLLING OR TOWN (II outside corporote limit, write RURAL and give neorest town) A. MANE OF DEATH CONTROLLING OR TOWN (II outside corporote limit, write RURAL and give neorest town) A. MANE OF DEATH CONTROLLING OR RURAL (II outside corporote limit, write RURAL and give neorest town) A. STREET ADDRESS OR NOTIFICATION Modifies Lost G. COLOR OR RACE (7 MARRIED NEVER MARRIED B. DATE OF BIRTH SEX. 6. COLOR OR RACE (7 MARRIED NEVER MARRIED B. DATE OF BIRTH MODIFIES SEX. 6. COLOR OR RACE (7 MARRIED NEVER MARRIED DIVORCED O.T. 29 (887) MODIFIES D. STREET ADDRESS OR JATE (II) SON (II) SUBJECT VALUE (II) SON (III) SUBJECT VALUE (II) SON (III) SUBJECT VALUE (III) (IIII) SUBJECT VALUE (III) SUBJECT VALUE (III) SUBJECT VALUE (III) SUBJECT		341) CERTII	TOTAL OF DE	7111	Reg. Dist. N	0.
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ON NOT THE STAND OF MAN COLOR PACE MARRIED NEVER MARRIED S. DATE OF BIETH MORNING DATE SEX MARRIED NEVER MARRIED S. DATE OF BIETH MORNING DATE SEX MARRIED NEVER MARRIED S. DATE OF BIETH MORNING DATE SEX MARRIED NEVER MARRIED NEVER MARRIED S. DATE OF BIETH MORNING DATE SEX MARRIED NEVER MARRIED			write c LENGTH OF STAY II	N 16 c. CITY OR TOW	NAT outside corporate I	imits, write RURAL and give n	eorest town)
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CONNEIDUS Lehman Rebecca Gladfelder Address A	Timbe	orking life, even if retired)	1	Į P	/	1	OF WHAT COUNTI
S. WAS DECEASED EVER IN U. S. ARMED PORCES? The nor or produced of vernor of datine of vernor of	3. FATHER'S NAME	1 1 1	1 1	1	1	0. 10.11	
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).		orne/IUS	Lehman		becca	6/adfelde	<u></u>
PART I. DEATH WAS CAUSE OF MMEDIATE CAUSE (o)			37 16. SOCIAL SECURITY NO 216-12-6678	Leonard E	Lehman	Bux 510 Ranela	rah Rd.
Due to D			e per line for (a), (b), and (c).]	11 .		IN OR	TERVAL BETWEEN
Conditions, if ony, which gover rise to immediate couse (a), stoting the <u>under-lying cause lost.</u> Due to	PART I. D			Carcini	rnarilar	260	1150
Country Coun		DUE TO	11.4.	AR TON A		that do	95
Course (a), storing the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTORSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH III FEITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of the part			CARACA	1 127 Ch	e ment	secry colon	
Stoke Street St							
PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year White per work at work of injury in Port 1 or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year White per work at work of injury in Port 1 or Port II of item 1B.) 21. I certify that I attended the deceased fram at work of injury in Port 1 or Port II of item 1B.) 21. I certify that I attended the deceased fram at work of injury in Port 1 or Port II of item 1B.) 21. I certify that I attended the deceased fram at work of injury in Port 1 or Port II of item 1B.) 22. The OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bidg., etc. 19. Item 1 last saw the decease at a last of item 1B.) 22. I certify that I attended the deceased fram at work of item 1B.) 23. I certify that I attended the deceased fram at work of item 1B.) 24. I certify that I attended the deceased fram at work of item 1B.) 24. I certify that I attended the deceased fram at work of item 1B.) 25. I certify that I attended the deceased fram at work of item 1B.) 26. I certify that I attended the deceased fram at work of item 1B.) 27. I certify that I attended the deceased fram at work of item 1B.) 28. I certify that I attended the deceased fram at work of item 1B.) 29. I certify that I attended the deceased fram at work of item 1B.) 29. I certify that I attended the deceased fram at work of item 1B.) 29. I certify that I attended the deceased fram at work of item 1B.) 29. I certify that I attended the deceased fram at work of item 1B.) 20. I certify that I attended the deceased fram at work of item 1B.) 20. I certify that I attended the deceased fram at work of item 1B.) 20. I certify that I attended the deceased fram at work of item 1B.) 20. I certify that I attended the deceased fram at work of item 1B.) 21. I certify that I attended the deceased fram at work of item 1B.) 22. I certify that			~				
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21. I certify that I attended the deceased fram 1954 to 1954, that I last saw the decease alive an 1954 to 1954, that I last saw the decease alive an 1954 to 1954, that I last saw the decease alive an 1954 to 1954, that I last saw the decease alive an 1954, to 195	OR CONTRIBUTION (IF EITHER, NOTIL	NG CAUSE OF DEATH	ж. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of inju	ry in Port 1 or Port II of	item 18.)	
alive an alive an actual and the date stated above and an the date stated above and an actual	Hour a, m	1,	While _ Not while	20e PLACE OF INJURY (Home factory, street, office bld	form. 20f (City or to	(County	r) (Stote
actual signature ADDRESS (Street, city or fown, stole) PHYSICIAN'S NAME (Type) PHYSICIAN'S PROPORTION (City, town, or county) SEMOVAL (Specify) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type	21. I certify	that I attended the d	eceased fram	1954, to	pelle	1959 that I last	saw the deceas
ACTUAL SIGNATURE ADDRESS (Street, city or fown, stole) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S PRONKT KASK TR BALTO 14 And PHYSICIAN'S PRONKT KASK TR BALTO 14 And PHYSICIAN'S PRONKT REPORT REPORT REMOVAL (Specify) PHYSICIAN'S PRONKT REPORT REMOVAL (Specify) PHYSICIAN'S PRONKT REPORT REPORT REMOVAL (Specify) PHYSICIAN'S PRONKT REPORT REMOVAL (Specify) PHYSICIAN'S PRONKT REPORT REMOVAL (Specify) PHYSICIAN'S PRONKT REMOVED R	alive an	124128	, 12 4 / and that	death occurred at	L_M, fram the		
NAME (Type) 20 BURIAL, CREMATION, 22b. DATE THEREOF SEMANT OF CEMETERY OF CREMATORY LOGATION (C.ty. town, or county) (Stote) Bupp's Cemetery Logansville, Pennsylvania 1. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	Hank	1. Foule &	MD 900			DATE SIGN
Duria 1-31-1959 Bupp's Cemetery Logansville, Pennsylvania Duria 1-31-1959 Bupp's Cemetery Logansville, Pennsylvania Duria 1-31-1959 Bupp's Cemetery Logansville, Pennsylvania Address 24a. Rec'd by Registrar 24b Registrar's Signature		FRANK-	T. KASKE	TR A	30470	14 A	rd
Huria 1-31-1959 Bupp's Cemetery Logansville, Pennsylvania Juneral Director's Signature Address 240. REC'D By REGISTRAR'S SIGNATURE			22c NAME OF CEMET	TERY OR CREMATORY	22d. LOCATION	(City, town, or county)	(Stote)
the transfer of the same of th	Burial		Bupp's Co	emetery	Logans	ville, Pennsy	, ,
saprotunual Home 7401 Blan Ret 1988 2 159	3. FUNERAL DIRECTO	P'S SIGNATURE	ADDRESS	240	REC'D BY REGISTRAR	246 REGISTRAR'S SIGNAT	URE
	1sahrotun	wal Home	7401 Bilau	Ret DAT	18 2 '59	Short of Wanted	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. 2 USUAL RESIDENCE [Where deceased lived, If institution Residence before admission] **b.** COUNTY MARYLAND Maryland Baltimore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgemere d STREET ADDRESS e. IS RESIDENCE ON A FARM? 3202 Greenhill Ave YES NO X Middle 4. DATE Month Yeor HARVEY LIT7 DEATH 27 January 19 59 6 COLOR OR RACE 7 MARRIED K NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys DIVORCED [7] May 19, 1877 19a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Shawville, Penna. USA 14. MOTHER'S MAIDEN NAME Alice Wood 16. SOCIAL SECURITY NO 17. INFORMANT Address 214-38-3849 Robert R. Litz-3202 Greenhill Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) That I last saw the deceased and that death accurred at 4 P. M. from the causes and on the date stated above. ADDRESS (Street, city or fown, state) 220. BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) 959 Woodlawn Cemetery Burial Woodlawn Marvland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Ellsworth Armacost-4600 Liberty Hghts. Ave.

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15	A: VI	9/5	(4) S

	202	Reg. L	list. No.
1.	PLACE OF DEATH G. COUNTY / / / / /	2. USUAL RESIDENCE (Where deceased lived. If institutions Resident	ence before admission)
	MARYLAND MARYLAND	o STATE D . b. COUNTY Anne	Arudel
Г	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16	E CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
П	RURAT and give nearest town)	Recok LY N.	*
-	d. NAME OF HOSPITAL (If not in hospital, give-street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE
	HOUSE IN THE TIMES REST HOM	9 7 E. WALTON Ave	ON A FARM?
3	NAME OF DECEASED (Type or print) A WA	Losi OF DEATH Month	Day Year 7 1959
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		R I YEAR IF UNDER 24 HRS
	FUEL F WIDOWED X DIVORCED	OFT 25 1850 last bighday) Months	Days Hours Min
Ī	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (Stole or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
	dering most of working life, even if retired)	BALTO.	
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Jours L. Doune	AUGUSTUS WHITE	
		INFORMANT Address	'
l (v	as no or unknown) (If yes, give war or dates of service)		
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	- solvered	Jasquella.
	HAND DUE TO		
	Conditions, if ony, which agree rise to immediate (b) Chr. to the conditions	Marken Varenten Desire	1030.
	cause (a), stating the under-		
_	lying couse last. } (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY PERFORMED?
			YES NO
CERTIF	206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING COLOR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER;	ED. (Enter nature of injury in Part I or Parl 1) of item 18.)	
13	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)
MEDICAL	Hour c. m. While Not while from the p. m. 19 at work at work	octory, street, office bldg., etc.)	. ,,
*		10 10 55	
	21. I certify that I attended the deceased from 5 =/		
	alive on 1227, and that deat	h occurred at 243012M, from the causes and an	the date stated above
	ACTUAL -W/ 2 4 11.	ADDRESS (Street, city or town, state)	UATE SIGNED
	SIGNATURE Melson S. Fallages	MD. 6209 Trederich Toas	
	PHYSICIAN'S WILMEN K. Gallager	Ballinge-28, med	+
22	BURIAL TREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, lown, or county)	/(\$10te)/
	REMOVER (Specify) 4-10-58 FAIRVIEW	CEM. SUSSEX	11 4.
22	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S S	IGNATURE /
1	Hetully Juneal Atomes 130 E	, -182 (DATEJAN : 2'59 C. 'M &	Trans
4	Balls 30	o, well	





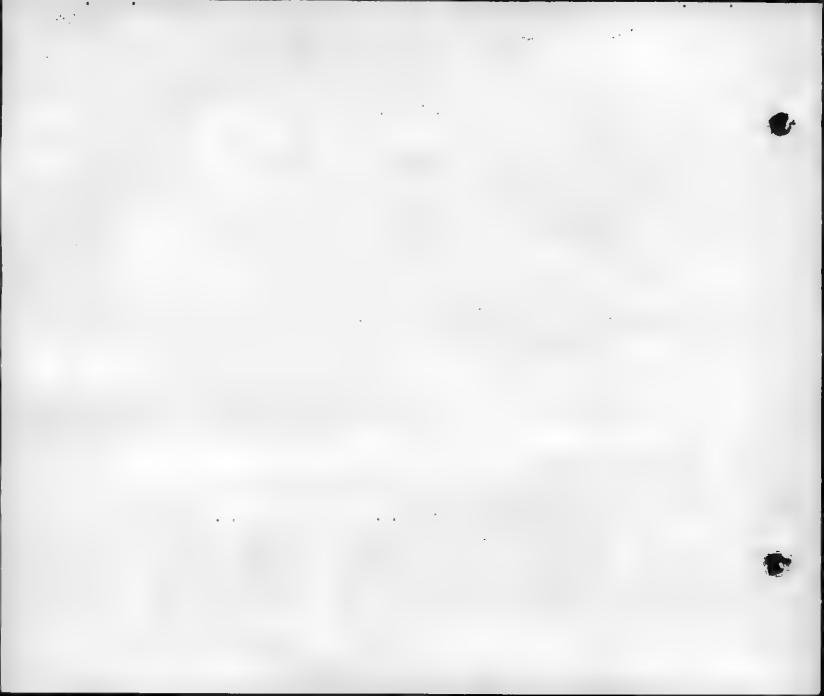
Reg. Dist. No.

1	PLACE OF DEATH O COUNTY BRLT	IMORE		MAS	RYLAND	2 USUAL RES	MARY LA	nere deceosed	b. COUNTY		re before	admiss	ian}
	b. CITY OR TOWN (IF RURAL and give nea FORT HOWAR	rest tawn)	its, write	8 Hrs, 15			TMORE	outside carpo	rate limits, write f	RURAL and g	yve near	est tawn)
	d NAME OF HOSPITA		e street	oddress)		d STREET	ADDRESS				e	, IS RES	DENCE FARM?
-	VETERANS AL	MINISTRAT	ION H	OSPITAL		4701	NORTH	CHARL	ES STREE	T.			NO XX
3	NAME OF DECEASED (Type or print)	CAR		Midd N	le	MARBO		4. DATE OF DEATH	JANU		30		1959
5	SEX MALE	6 COLOR OR RACE	7. MARE	NEVER MAR		MAY 11.	1889		9 AGE (In years last birthday) 69 yrs		Doys	F UNDE Hours	R 24 HRS Min.
10	. USUAL OCCUPATION	(Give kind of work	dane 10b	4-4-3	1000			ar foreign co		12 CIT	IZEN OF	WHAT	COUNTRY
	during most of working	ig lite, even it relited	1	COLL	DeE		TTALY				U.S	.A.	
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	NAME					
	UNKNON					U	NKNOWI	4					
	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY N	IO. 17 II	FORMANT			Add				
<u></u>	YES	<i>WM</i> -1	21	7-01-2247	CL	IN REC	VET A	ADM HO	SP FT H	OWARD	MA	RYLA	ND
	18. CAUSE OF DEAT	H [Enter only one con R WAS CAUSED BY: IMMEDIATE CAUSE (o	7/6	YOCARDIAL		CTION					ONSE	VAL BET AND	DEATH
	430.0	DUE TO									1	21002	
	Conditions, if any gave rise to im	mediate (TERIOSCLEI	. 110	TAPT I	DISLAS	E			U.	K	IN
	cause (a), stating the lying cause last.	e <u>under-</u>											
ATION	PART II. OTHE	R SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	1(e) 19	WAS PERFO	AUTOPSY RMED?
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter noture	of injury in f	Part 1 or Part	II of item 18.)			(4)	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yes	or 20d, Il While at war	NJURY OCCURRED Nat while at work	20e. PLA foci	CE OF INJURY lary, street, affic	(Home, form te bidg., etc.	20f. (City	or town)	(C	aunty)		(State)
	21. I certify tho	tVAttended the	deceas	ed from TANTA	A.H. RY 30 of death	17.59	7-1-30-1	_В М, tran	Me 1959 the couses of the couse of	thend	e dote	state	decesses d above
	ACTUAL SIGNATURE	iram	6	Cur	Ly.	A.O. VAH	FORT	HOMAR					31-59
	PHYSICIAN'S H	IRAM B CUR	RY		\perp	VAH	FORT	HOWAR	D MARYI	AND		1-3	31-59
220	BUR AL CREMATION REMOVAL (Specify) BURTAT.	2-3-59)F	22c. NAME OF CEA					ION (City, fown,		TD.	(Slote	·)
	DURLALI	/		ICALL FULLEY	. CHART	1 1 13 2		BATT	I DE THE SE				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	14411	UNKLI	24g, REC'I	D BY REGIST		ARYLAN	Labor		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed with n 24 hours after death. Page 4 may be retained by the haspital or attending physician.

• FUNERAL DIR PR: After this certificate has been signed by the attending physician and campletely filled in by tapage 3 should be stackloched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shather registrar prior to burial, cremation, or removal, and in any event within 72 hages after death. TO FUNERAL DIR page 3 should be TO HOSPITAL OR VS A15 (4) 15M 10/57

neral director,



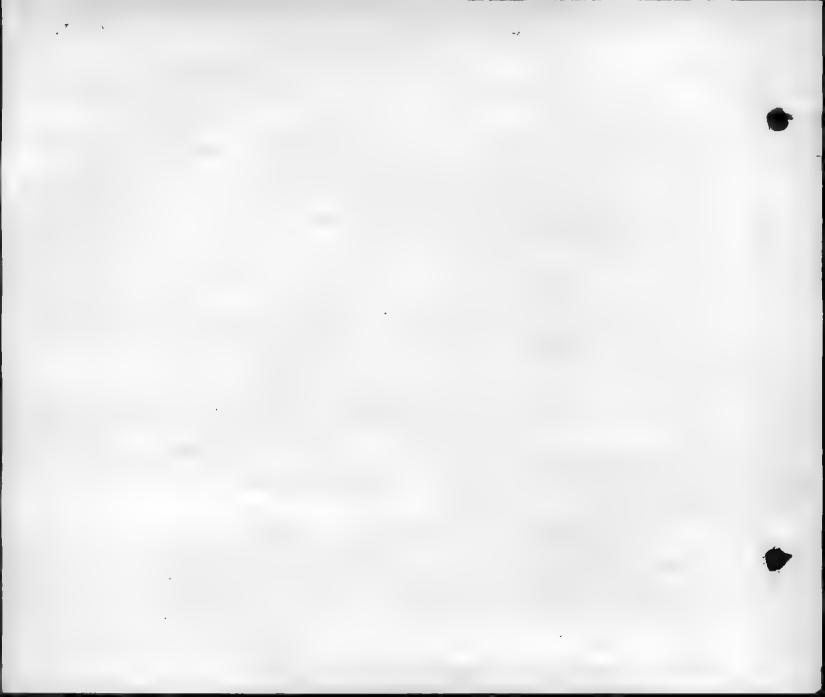
VS A15 (4) 15M 10/57

T.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00312

	326 CERTIFIC	ATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Mary and b. COUNTY Battimore
t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town) 1.0.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	c CSTY OR TÓWN yf outside corporate limits, write RURAL and give nearest town)
,	d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION 1220 Neighbors Avei	d. STREET ADDRESS 1220 Melohbors Ave. Pes IP NO
- (NAME OF DECEASED (Type or print) William H. A	1arTin 4. DATE Month Day Year OF DEATH Clan, 25, 19
5 5	Male White WIDOWED DIVORCED	Dec, 2, 1896 PAGE (In years IF UNDER 1 YEAR IF UNDER 24 Dec, 2, 1896 Age (In years IF UNDER 1 YEAR IF UNDER 24 Dec, 2 yes
I0a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tarmer Tarming	USTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
13.	FATHER'S NAME Tohn Martin	Caroline Langenfelder
15. FYes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	nna E. Martin 1220 Neighbors Ave.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OCATE	Lial Intarction INTERVAL BETWEE
	Conditions, if any, which) (b) Conomanu	heart disease.
	gove rise to immediate couse (a), stoling the under-tying cause lost. DUE TO CC CC CC CC CC CC CC CC CC	artriosclerosis.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORMED YES 1 NO
	286 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sactory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Make	(, 39)
	ACTUAL SAMUEL SAMUEL STORM D.	ADDRESS (Street, city or town, state) DATE S
	PHYSICIAN'S Samuel Sterm	Ridge Rd. Baltimore 6, M
220.	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Spenty) 1-28-1959 ZION EVAN	/ 7/
23. 1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SARAM FUNERAL HOME 7401 (Below)	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JAN 28 59



00313

CEDTIE!CATE OF DEATH

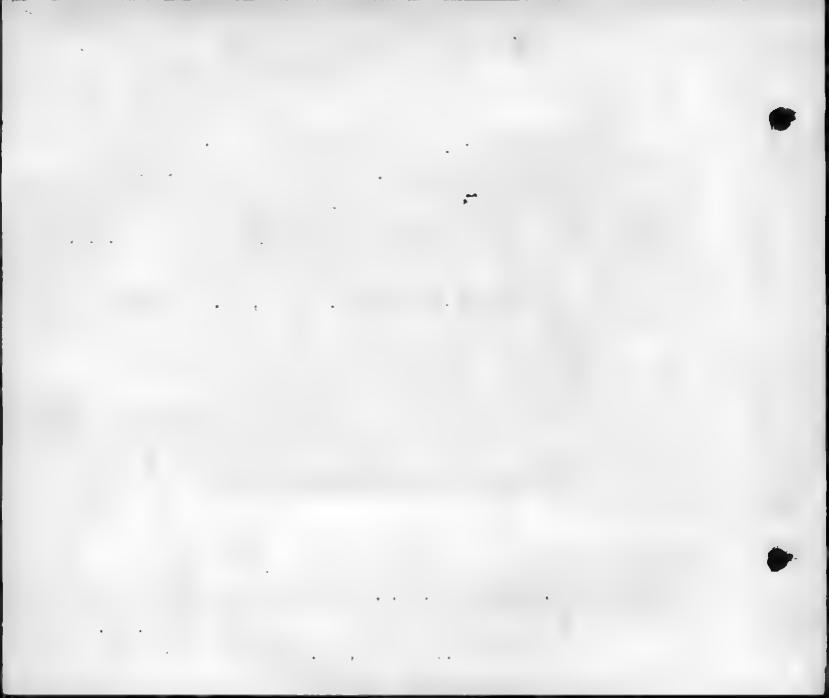
			327	CERTATOR	AL OF DEAT	110	Reg. Dist	. No.
	1. 1	COUNTY Balt	imore	MARYLAND	o STATE	where deceased lived. yland b.	If institution: Residence	
	t	c. CITY OR TOWN (If or RURAL and give neare Timoniu	utside corporate limits, write est town)	c. LENGTH OF STAY IN 16	La CITY OR TOWN (If outside corporate limit		
	<u> </u>		(final in haspital, give street of		/d STREET ADDRESS			e IS RESIDENCE
		OR INSTITUTION						ON A FARM?
	2 .	٠		Dr.				YES NO [X
		NAME OF DECEASED Type or print)	Lee Ranson	Mather. Sr.	Lost	4. DATE OF DEATH	Manth 1-22-59	Day Year
	5 5	6 × 3	COLOR OR RACE 7 MARRI	0.5	B. DATE OF BIRTH	9. AGE	(In years IF UNDER)	YEAR IF UNDER 24 HRS
	100	ale	white WIDOWE		10-2-1892	66	irthday) Months D	loys Hours Min
	100	USUAL OCCUPATION	(Give kind of work done 10b	KIND OF BUS NESS OR INDUS	TRY 11 BIRTHPLACE (SIG	ate or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
		plaster	er C	onstruction	Mary	land	U	.S.A.
)	13.	FATHER'S NAME			14. MOTHER'S MAIDER	NAME		
		Willia	m Mather		France	s McCaul	ley	
			N U S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IM	FORMANT		Address	
		no		7-14-9017 L	ee R. Mati	her, Jr.	above	
			[Enter only one couse per lin					INTERVAL BETWEEN
		PART 1 DEATH	WAS CAUSED BY	EBHO-VHS CHUH	n' VICCIDE	NT		ONSET AND DEATH
		7773X				-		
		Conditions, if ony,	which) " #4	PERTENSIVE O	im DIOVITS CL	LLAR DISF	735E	5 YRS
		gave rise to imm	rediate (
		couse (o), stating the lying cause lost	under:					
'n	CERTIFICATION	PART N OTHER	SIGNIFICANT CONDIT ONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE CONDI	TION GIVEN IN PART	PERFORMED?
	FICA	DO- ACCIDENT MASS	AND COLUMN COLUM	TRIBE LIGHT IN HURY OCCUPANT	15	. D. at 6 - 2 Coat 11 - 5 'Au	70.5	YES NO [F]
	1 1	20a ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	TRIBE HOW INJURY OCCURRED	(Enter nature of injury	IN POST FOR POST IL OF ITE	m is i	
	MEDICAL	20c TIME OF INJURY		1 6	CE OF INJURY (Hame, fo	orm, 20f (City or town) (Co	unity) (State)
	MED	Hour o.m. While Not white factory, street, affice bldg., etc.) p. m. 19 of work of work						
21. I certify that I attended the deceased from 1201, 1956 to 122 1959 H							. 19 <u>≥ 9°</u> ,that I lo	st saw the deceased
1 h 21						M, from the c		e date stated obove.
		ADDRESS (Street, city or lown, stole) QATE SIGNED						
		ACTUAL SIGNATURE	Miamile	1 Mestry	A.D. York Road	. Timonium.	Maryland	1/23/59
8		511VC+6+4410		1				/ / /
,		NAME (Type) Wil	liam A. Pills	oury, Jr., M.D.				
	220	BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d LOCATION (Cit	ty, town, ar county)	(Stole)
		Buy later	1-26-59	Poplar Grov	e	Cockey	sville, M	d.
	23	FUNERAL DIRECTOR'S S	IGNATURE 622 You	ADDRESS k Rd., Towson	4. Md 240. RI	EC'D BY REGISTRAR 2	246 REG STRARS SIGN	

herol director, be filed with death. Page 4 may be retained in the hospital ar attending physician.

TO FUNERAL DIP

DR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall the registror prior to burial, crematian, at remayol, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs offer TO HOSPITAL OR VS A15 (4) 15M 9/55

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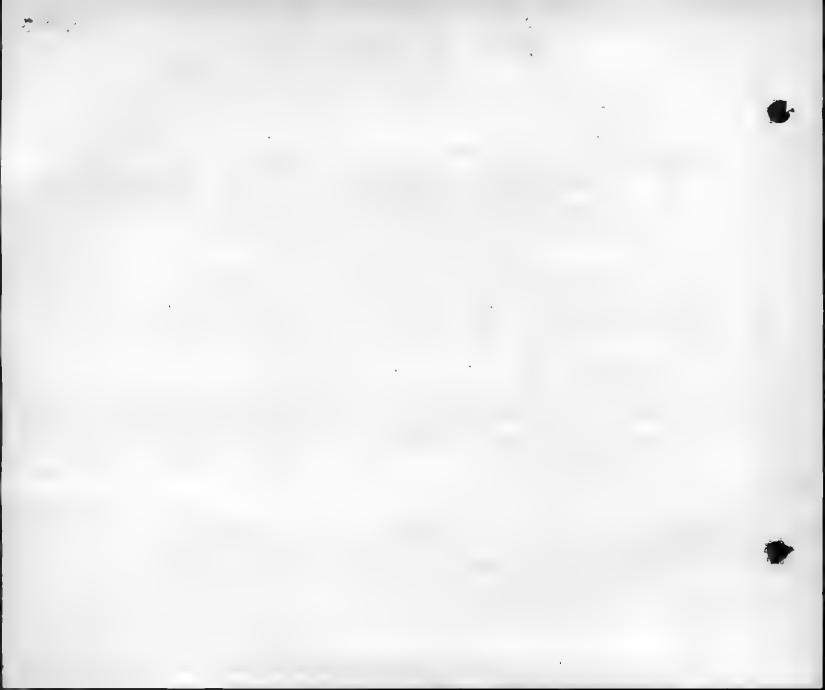
ID HISTIAL OR ATTINGING FIEVILISM. The low Imquires that the death Intificate be executed within 24 hours after death. Page 4

VS A1S (4) 1SM 9/SB

	328 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH Gallis	MOTE MARYLAN	2. USUAL RESIDENCE (Where deceased lived a STATE	I. If institution Residence before admission) b. COUNTY
b. CTY-OR TOWN (If outside corp print) and give gearest town)	orate limits, write c LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate in	mits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital truthon	nospilol, give systet oddress) William	2605 Shring	full ave e. IS RESIDENT ON A FARM YES NO.
3 NAME OF DECEASED (Type or print) /E/	1 A First Middle	AZER DEATH	Manth Day Year / 9 - 19V
Female Whi	WIDOWED DIVORCED	نوا	GE (In years IF UNDER 1 YEAR IF UNDER 24/ birthday) Months Days Hours Mi
House Wife	of work dane 10b. KIND OF BUSINESS OR IN Retired)	IDUSTRY 11. BIRTHPLICE (State or foreign country)	12, CITIZEN OF WHAT COUNT
Lazer		14 MOTHER'S MAIDEN NAME	
	MED FORCES? 16. SOCIAL SECURITY NO. or dotes of services	Max Mazer.	- Same
PART I. DEATH WAS CAU	CAUSE (0) 1/20 CAUSE	Donnation	INTERVAL BETWEE ONSET AND DEA
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse fost.	(b) Thurs a log of	ortenelines.	1071.
-		BUT NOT RELATED TO THE TERM NAL DISEASE CON	ND TION G VEN IN PART 1(0) 19 WAS AJTO PERFORMED YES NO
OR CONTRIBUTING CAUSE O	F DEATH	RRED (Enter nature of injury in Port or Port II of	item 1B]
20c TIME OF INJURY Month, Hour o m. p. m.	Day, Year 20d INJURY OCCURRED 20s. While Not while of work at work	. PLACE OF INJURY (Hame, farm, 20f (City or to factory, street, office bldg., etc.)	wn) (Caunty) (Si
21. I certify that I attend	ded the deceased from 10-2	ath accurred a 2/2 M, from the	, 1957, that I last saw the decea
ACTUAL SIGNATURE	K. Jallages	M.D. 6209 Fredharies	ity or town, state) DATE SIGN DATE SIGN 1-19-53
PHYSICIAN'S MI FER ES	K. Gallager	Baltimore- 2	S mid.
720 BURIAL CREMATION, 226. DAT FREMOVAL (Spensy) 1-2	e THEREOF 225 MAME OF CEMEJER	Y OBJACH TORY 22d. LOCATION	City, town, or county) (Stote)
23. AUNERAL DIRECTON'S SIGNATURE	Mary SIAO ADDRESS	Place 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE



15M 10/57



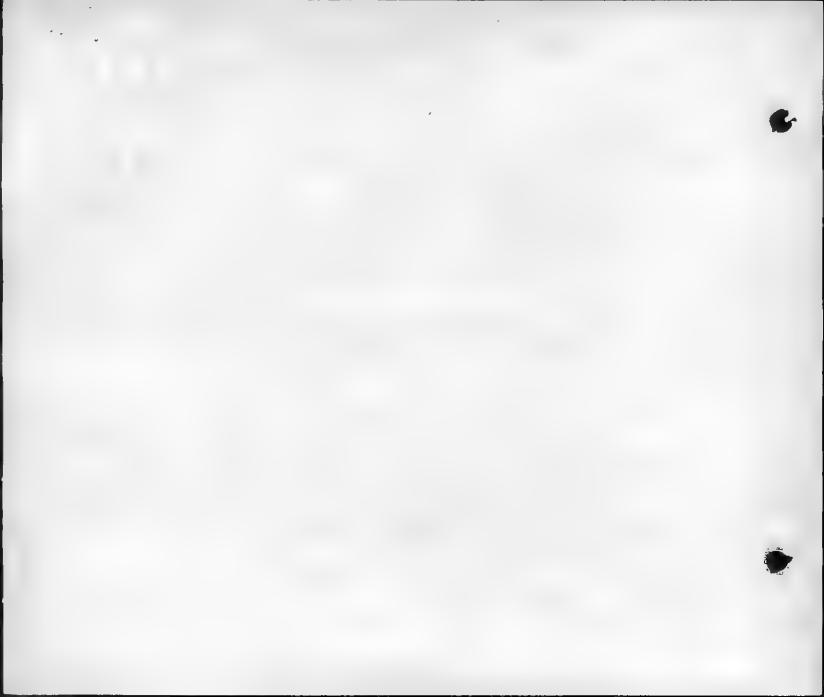
00315

	CERTIFIC	AIL OF BLAIR	Reg. Dist. No.
1. PLACE OF DEATH COUNTY PALTO	MARILAND	2. USUAL RESIDENCE (Where deceased o. STATE	lived. If institution: Residence before admission) b. COUNTY A. TO
b. CITY OR TOWN (If outside corporate RURA) and give nearest town) ROGELS FORGE	limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL and give nearest town]
d. NAME OF HOSPITAL (IF not in hospite OR INSTITUTION REGEST)		d. STREET ADDRESS 328 REGES	TER AVE. ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) MAUDE_	First Middle OCTAVIA	CLELLAN 4. DATE OF DEATH	JAN 27 1959
5. SEX 6. COLOR OR RA	WIDOWED DIVORCED	AUG.9,1876	9. AGE (In years IF UNDER YEAR IF UNDER 24 HR9 lost birthday) Months Days Hours Min
TEACHER 116, even if ref	ork done 106. KIND OF BUSINESS OR INDU	MARYLAND	unity) 12 CITIZEN OF WHAT COUNTR
JUHN S. M	CLELIAN	14 MOTHER'S MAIDEN NAME Mary G.	Burke
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no. or unknown) (If yes, give wor or defeat	FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT J. SWEENEY MO	TRUST BLOG. BALTO. 2
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED 8 IMMEDIATE CAUS	Treum ones	(RH)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying couse lost</u> .	(b)		
CATE		T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA	THI	D (Enter nature of injury in Port I or Port	11 of item 18.)
20c. TIME OF INJURY Month, Doy. Hour o. m. p. m.	Year 20d, INJURY OCCURRED 20e P	ACE OF INJURY (Home, farm, 20f. [City ctory, street, office bldg., etc.]	or town) (County) (State)
21. I certify that I attended to alive an JAN. 275		-, 19.5), to JAN. 2	12.7., 19.5.7., that I last saw the decease the causes and an the date stated above
ACTUAL SIGNATURE M. X	Quinn	M.D. 1927 YOUR R	eet city or town, store) DATE SIGNI
PHYSICIAN'S NAME (Type)			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
PULL Specify 1-30-	REOF 22C. NAME OF CEMETERY CO	OR CREMATORY 22d, LOCATI	ON (City, town, or county) (Stole)
H.W.JEWKINS	ONS CO. 4905 VARI	24a. REC'D BY REGISTR	

may be retained by the haspital or attending physician.

• FUNERAL DIR9

• R. Affer this certificate has been signed by the attending physician and campletely filled in by the peral director, page 3 shauld be estached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DINE VS A15 (4) 15M 10/57



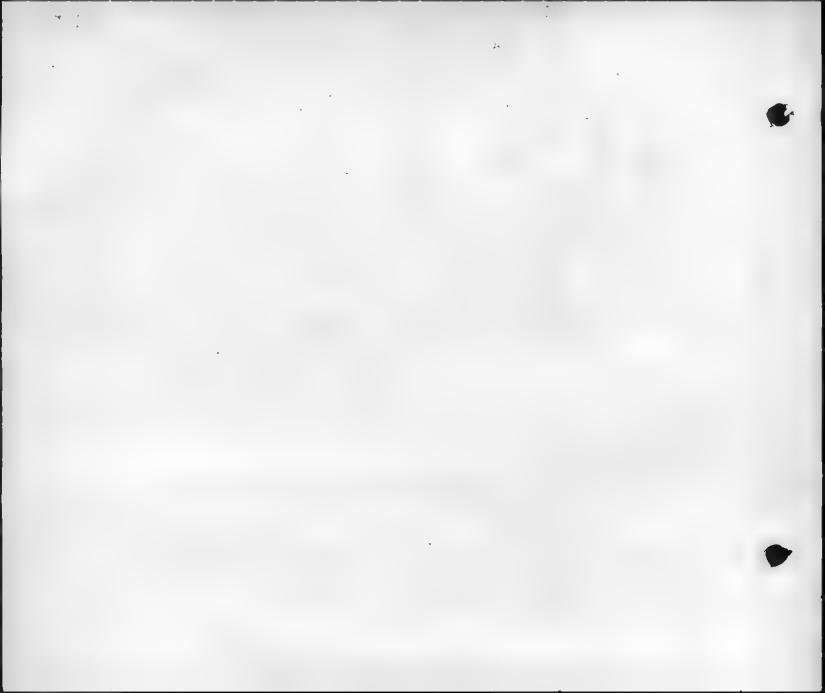
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 331 **CERTIFICATE OF DEATH** Reg. Dist. No.

00317

1	1. PLACE OF DEATH BALTIMORE MARYLAND 2 USUAL RESIDE O. STATE	NCE (Where deceased lived. If institution Residence before admission) b COUNTY						
	b CITY DR TOWN (If outside corporate limits, write RURAL and give negres) town) A 12 12 12 12 12 12 12 12 12 12 12 12 12	WN (If outside corporate limits, write RURAL and give nearest town)						
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 9028 OLD HARTORY RL 902	8 OLD HARTORD Rd PO IS RES DENCE ON A FARM? YES NO PO						
1	3 NAME OF DECEASED (Type or print) AMELIA AMELIA Meyer	4. DATE Month Day Year OF DEATH (AM 19 19 59						
	5. SEX 6. COLOR OR RACE 7. MARRIED TOVORCED B DATE OF BIRTH WIDOWED DIVORCED MARCL 2	9. AGE (In years of Under 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRIHPLACE (Stote or foreign country) 12. CITIZEN OF AT HOME ENGLAND USA								
	DAVID PLACE SA	RAH White						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (19), no, or unknown) (11 yea, gave wor or dates of service) (2 WIS	Meyer 9028 HARTOR RU						
	1B. CAUSE OF DEATH [Enter only one couse per line for (g). [b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cal digererate CONSET AND DEATH						
	Conditions, if ony, which gove rise to immediate (b) with Longestive Hart Failure							
,	couse (a), stating the under- lying couse last (c) Part II OTHER SIGNIFICANT CONTROL SOURCE (IN TO SEE STATE (IN TO SEE STA	Card Vas X 10						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELEGED TO THE	Mellelis PERFORMED?						
2 11 2	OR CONTRIBUTING CAUSE OF DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)							
100	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While of work of work of work	me, form, 20f. (City or lown) (County) (Stote)						
	21. I certify that I attended the deceased from 1953 alive an 1964 1965, and that death occurred at	to the deceased for M, from the causes and an the date stated above						
	ACTUAL STRUK 1. Kasik Wind. 900	ADDRESS (Street, city or town, state) DATE SIGNED						
	PHYSICIAN'S FRANKT, KASIK TR	BALTO 14 M'd.						
	220. BURIAL CREMATION. 226 DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY.	TRESPICE MS (Syste)						
2	The I turned on Son Heated WI	THE LAN 2 3 159						

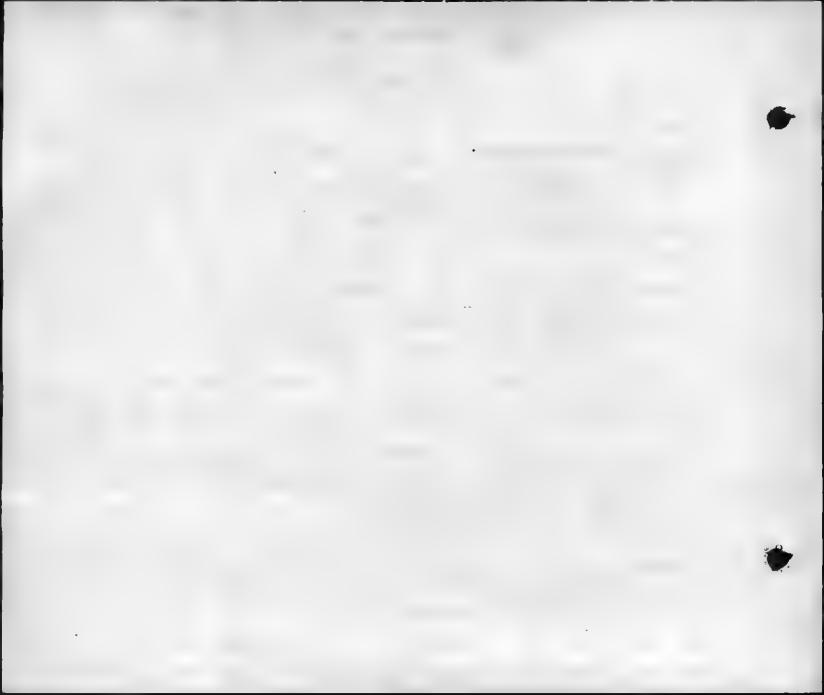


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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
ı	Item	50	Film	237 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

00318

		230	VB 6247-11111146		CERTITIO	7115 01	DEATH	Reg. I	Dist. No).	
J. PLACE OF DEATH B. COUNTY	Balte	906	MARYL		o. STATE		b. COUNT	v .	dence be	fore adm	ission)
and give nearest low	outside corporate limits, will	• RURAL	c. LENGTH OF STAY IS	N lb	c. CITY OR TOW	N (If outside cor Balto ru	porote limits, write	RURAL or	nd give n	eorest to	mu)
d NAME OF HOSPI	1000	, .	spital, give street address)		d. STREET ADDRE	ss seech Av	1 - 12 - 141			ON	ES.DENCE
3. NAME OF DECEASED (Type or print)	Fir HENE		Middle PAUL M	TCHE	test LFELDER	4. DATE OF DEATH	Month Jan		Doy 7		feer 19 59
5. SEX male	6. COLOR OR RACE White	7. MARRI	ED: NEVER MARRIED DIVORCED			1900	P. AGE (In years lost birthday) 58 yrs.	IF UNDE Months	Days	Hours	ER 24 HRS Min.
100. USUAL OCCUPATI during most of worki Plumb	ng life, even if retired)	done 10b.	RIND OF BUSINESS OR IN	NDUSTRY		Stote or foreign o	country)	12. CI	IIS		COUNTRY
13. FATHER'S NAME Pa	ul Michelf	'clder		14	4. MOTHER'S MAID	EN NAME Clara	Baumgar	ten			
15. WAS DECEASED EX	/ER IN U. S. ARMED FO	service)	SOCIAL SECURITY NO.	17. INFO	mmant Ada Miche		Address	ame			
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARBON MONOXIDE POTSONING										EEN ATH
Conditions, if gave rise to imme (o), stating the cause lost.	diote couse										
N. CATC			ONTRIBUTING TO DEATH					EN IN PA		9. WAS PERFO YES	AUTOPSY DRMED?
	NTRIBUTING 🗎	Close	d garage -		r noture of injury in running		of item 18.) ween 2 &	4:3	O pn	n	
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Yei	WHI		foctory.	OF INJURY (Home, street, office bldg. 마르는은	. etc.)	or town)		lto.	,	(Stole) Md.
	hat I taak charge I fram: Natural		remains described . Accident .,		-	-	nspection ndetermined c	`	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and	find the
ACTUAL SIGNATURE	John (ر اما	re	N	1.0.	AL EXAMINER 🗍				DATE S	SIGNED
EXAMINER'S NAME (Type)	John C		V			EDICAL EXAMINE CAL EXAMINER E	_		1-7	-59	
220. BURIAL, CREMATIC REMOVAL Hipocity	1-10-195		22c NAME OF CEMETER Parky		EMATORY	22d. LOCA	TION (City, town, or Ballt:	or county)	,	(State	e)
23. FUNERAL DIRECTOR	FILMETER LUX	Hm e	7431 (7)	Par	(Rd DATI	REC'D BY REGIST		STRAR'S SI			



Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY D. STATE **b_COUNTY** MARYLAND Baltimore County Marvland Baltimore b. C TY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Arbutus Arbutus d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5530 Willys Ave. Shelbourne Road YES NO NO 3. NAME OF First Middle Lost Year DECEASED (Type or print) Harry E. January Moore 59 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH Months Days Hours WIDOWED TH DIVORCED | 0 White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Filbert Baltimore Maryland Salesman USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William T. Moore Unknown IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 7-01-5662A. NO. Elmer A. Moore 18. CAUSE OF DEATH [Enter only one cause per ling-for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), slating the underlying couse last. PAIR II. OTHERSIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOW 20g. ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) IF EITHER, NOTIFY MEDICAL EXAMINERS MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work P m. ol work 🗔 21. I certify/that I attended the deceased from 19 "that I last saw the deceased alive on and that death accurred at Q2 M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Jan:19:59 Lorraine Park Entombment Woodlawn Marv

240 RECID BY REGISTEAR

DATE

24b REG STRAR'S SIGNATURE

ADDRESS

1300

Eutaw Pl.

carbon papers. campl puo physicion (mave ottending ч ber ᆵ 70 HOSPITAL FUNERA 0

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VS A15 (4) 35M 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE.



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color. Page bur files.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00320

7		×	Reg. Dist. No	•
	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before STATE Maryland b COUNTYBaltimo	
	b. CITY OR TOWN (If ourside corporate limits, write RUPA ond give recrest found Dundalk	3 yr.	c CITY OR TOWN (Il autside corporate limits, write RURAL and give no Dundalk	iorest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not 8028 Gray Haven		8028 Gray Haven Road	ON A FARMA
	3. NAME OF DECEASED (Type or print) W1111am	Patrick Murr	ray Sr. Of DEATH January 8, Doy	19 59
	Male White win		November 1, 1912 "46" yrs. Manths Days	Hours Min.
	10c. USUAL OCCUPATION (G ve kind of work done during most of working life, even if relited) Meche Mantne	Beth. Steel C	RY II BIRTHPLACE (Stole or foreign country) O. North Carolina U.S.A	WHAT COUNTRY
	Gearge W. Murr	ay	Minnie Abernathy	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCEST	1	rozmant rs. Carrie Murray 8028 Gray H	aven Rd
	18 CAUSE OF DEATH [Enter only one couse po PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	COKONARY	Occlusion ans	VAL BETWEEN T AND DEATH
	(e), staling the underlying DUE TO couse last. (c)			The state of the s
		. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		PERFORMED?
- 1		10	nter nature of injury in Part (or Part li of Item 18)	1
	20c. TIME OF INJURY Month, Doy, Year Haur a. m., p. m., 19	26d. IRJURY OCCURRED 20e PLAC While Not while facts at work ot work	CE OF INJURY (Home, form, 20f (City or town) (County) ary, street, office bldg., etc.)	(Stote)
	21. 1 certify that I took charge of opinion death resulted fram: Natu	_/	The second secon	and in my
	ACTUAL SIGNATURE DATE	vrs	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S M. B.DA	VIS MD	ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER ()	59
	220 BURIAL (REMATION. 226. DATE THEREOF BURIAL (Specify) Jan. 12,	59 Parkwood	CREMATORY 22d 10CATION (City, fown, or county) Taylor Ave. Md.	(Spote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATUR	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be predefined in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL C. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bot is designated agent, prior to burial, cremation, an removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



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neral director.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

222

CENTIFICATE OF DEATH

00321

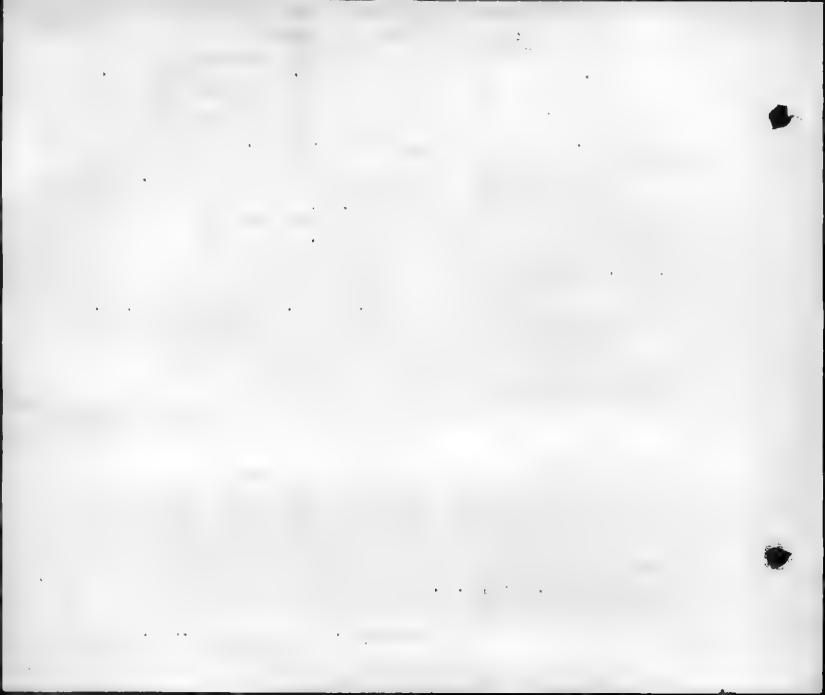
1. FLACE OF DEATH 1. CALLY ON A COUNTY MARYLAND 2. USBAR RESIDENCE (Where decreaded lived. It institutions Rejidence before admirpton) 5. STATE (COUNTY) 1. CITY OF TOWN (if conide composed limits, write a cutton) 1. CITY OF TOWN (if conide composed limits, write a cutton) 2. O YES) 1. CITY OF TOWN (if conide composed limits, write a cutton) 2. O YES) 2. O YES) 3. NAME OF COUNTY 4. 300 W. Pennsylvania Ave. 3. O W. Pennsylvania Ave. 3. NAME OF COUNTY NEILLE MAY NEILLE MAY NEILLE MAY NEILLE 4. COUNTY NEILLE White White Whowel D Wooked D May 16, 1877 10. SITY OF BUSINESS OR INDUSTRY 11. BIRTHACK (Slow or foregot county) 1. ANDERS NAME 1. MODRES NAME 2. MODRES NAME 3. MOD			3.) ()	CERTIFIC	All	E OF D	SAIF			Reg	. Dist. N	b	
### SUNAN COF MOSTINA (IT not in boughie) give street address) d. NAME OF MOSTINA (IT not in boughie) give street address) d. SAME OF MOSTINA (IT not in boughie) give street address) 3 NAME OF FIRST **MOSTINA (OR DESTINATION NOT SOON PERMISSIVATION NOT SOON PERMISSION NOT SOON PERM	1,	a. COUNTY	LTIMORE		MARYLAND	2.	a. STATE			b. COUNT	1		ore admiss	(on)
TOWSON d. NAME OF INTO IT OF PROSTRIC (Fire is street address) d. NAME OF INTO IT OF PROSTRIC (Fire is street address) # 300 W. Pennsylvania Ave. # 300 W. Pennsylvani		b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TO	WN (if o	utside corpo	rote limits, write	RURAL	and give n	earest lowr)
d. NAME OF MOSTITULI THE DEPOSITION OF STORY OF THE PROPERTY O					20 yrs.		TO	WSON						
# 300 W. Pennsylvania Ave. 300 W. Pennsylvania Ave. 765 105 Occased Proposition 1001 4000 1000 1000 Occased Proposition 1001 1000 1000 1000 Occased Proposition 1001 1000 1000 1000 S. SEX 6. COLOR OR RACE 7. MARRIED 1000 1000 1000 1000 1000 S. SEX 6. COLOR OR RACE 7. MARRIED 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 Occasion 1000		d. NAME OF HOSPITA		ive street	oddress)	1	d. STREET ADI	DRESS					e, IS RES	DENCE
DECEASED (Type or port) NETLL OF JANUARY NETLL			# 300 W. F	ennsy	vlvania Ave.		300	W. F	ennsy	lvania	Ave.		YES [NO 📑
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O FUNERAL DI?

OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should to completely filled in by the registrar prior to burial, cremation, at remaval, and in any event within 72 hours after death. TO FUNERAL DIP page 3 should b VS A15 (4) 15M 9/SS





ROUE

24o. REC'D BY REGISTRAR DATE AN 2 0 '59

22d LOCATION (City, lown, or county)

SONVILLE

246 REGISTRAR'S SIGNATURE

Is and & thomas

(Slote)

MD,

22c. NAME OF CEMETERY OR CREMATORY

Nocwol

ADDRESS

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o. COUNTY

3. NAME OF

5. SEX

DECEASED (Type or print)

TOU-

alive on

SIGNATURE

PHYSICIAN'S NAME (Type)

EMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 22b DATE THEREOF

JURNS

NO



CERTIFICATE OF DEATH eral director, be filed with 1. PLACE OF E

			36_				•		Reg. Di	st. No.		
	PLACE OF DEATH	altimore		MARYL	AND	2 USUAL RESIDENCE (WI	_	d lived. If institute b. COUNTY		imore		
	b. CITY OR TOWN (RURAL and give in Liddle		mits, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF a		orole limits, write R	URAL ond !	give neares	l lown}	
		TAL (If not in hospital,	, give street	oddress)		d. STREET ADDRESS	14.01	(20)		e. I	S RESIDEN	CE W?
		4 Floral 1	Drive	Balto- 20	Md.	4 Floral	Drive	, Baltimo	re 20	, Md;	ES NO	D_
	NAME OF DECEASED (Type or print)	Edwa	fini ird	Middle		0 'Farrell	4. DATE OF DEATH	Januar		Day 10,	Yeor	59
5	Male	6. COLOR OR RAC	E 7 MARR	DIVORCED		3/12/1904		9 AGE (In years last birthday) 54 yrs	Months	Days H		HR5
	Chauffet	king life, even it retiri	ed)	KIND OF BUSINESS OR Octrical Sea		stry II. Birthplace (Stole	or fareign c	ountry)		S.A.	VHAT COU	NTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	James (Farrell				Unko	wn					
	WAS DECEASED EVI	ER IN U. S. ARMED FO	of service) :	SOCIAL SECURITY NO. 14-140-4641	17. 10	NFORMANT Lelia Smith	0'Farı	rell S	ene			
	443X	ATH WAS CAUSED BY IMMEDIATE CAUSE DUE T	; (o)	e for (o), (b), and (c).]	eln	al accide	1	P		ONSET	AL BETWEE	TH
	Conditions, if a gave rise to i couse (a), stating lying couse lost.	immediate ((b) (c)	vuru i c	<i>L</i> i	one Carre	put	nser	islis,		, ~ · · · · · · ·	all
CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR	P	ERFORMED	PSY D?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	HI	CRIBE HOW INJURY OCC	URREC	D. (Enter nature of injury in I	Part 1 or Par	t II of item 18 }				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Y	While	Not while	Ge. PL/ Foo	ACE OF INJURY (Home, form tory, street, affice bldg., etc.	, 20f. (City	or town)	(0	County)	(S	late)
	21. I certify the colore on	nat I attended th	e decease	3	7	accurred at 11	ADDRESS IS	n the causes o	ind on th	_	stated a	bave.
	CICNIA SILBE	18,44	4 1	19 11 K		10 Foll	BAKK	As D. Later	15-11	11 11	1 6138	101

alive or ACTUAL SIGNATURE

	PHYSICIA NAME (1		1	RVI	NG	R	· B	EC	K	N	1
_											
220	BURIAL,	CREM	ATION	, 225	DATE 1	HEREOF		22c	NAME	OF 0	CEME

22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sacred Heart of Jesus ADDRESS

Balto. Co., Md.

22d LOCATION (City town, or county)

Eastern Ave.

240. REGID BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE remarka / blued

TO HOSPITAL OR

deoth' loge I

in by a

Pages 1

the ottending physician and campletely filled

permit. Then please remave carbon papers. in any event within 72 hours after death.

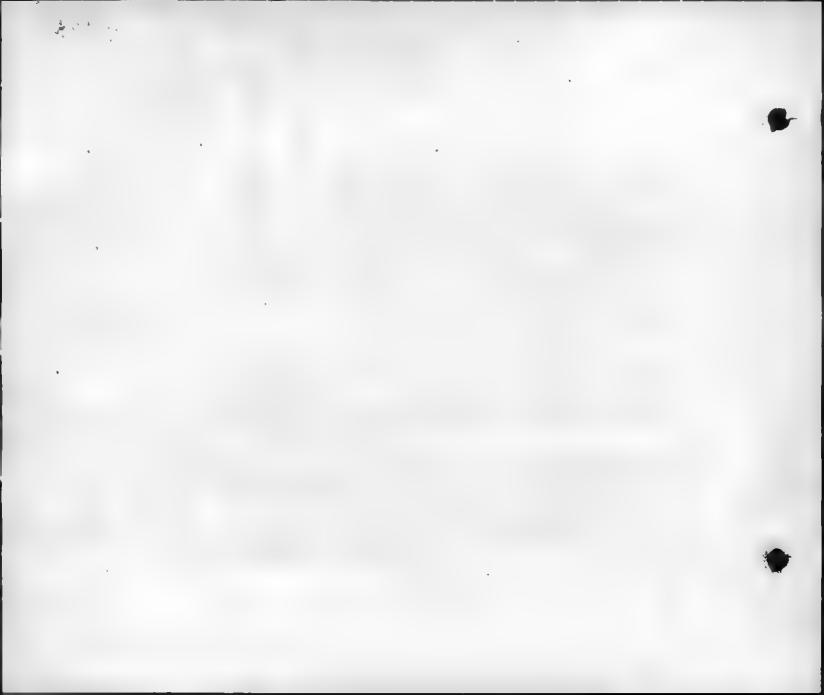
ATTENDING PHYSICIAN: The low requires that the allight call liftingte be executed within 24 hours often

hospital or attending physician. After this certificate has been signed by

ached for use as the burial-transit

the registrar prior to buriol, cremation, or remayal, and

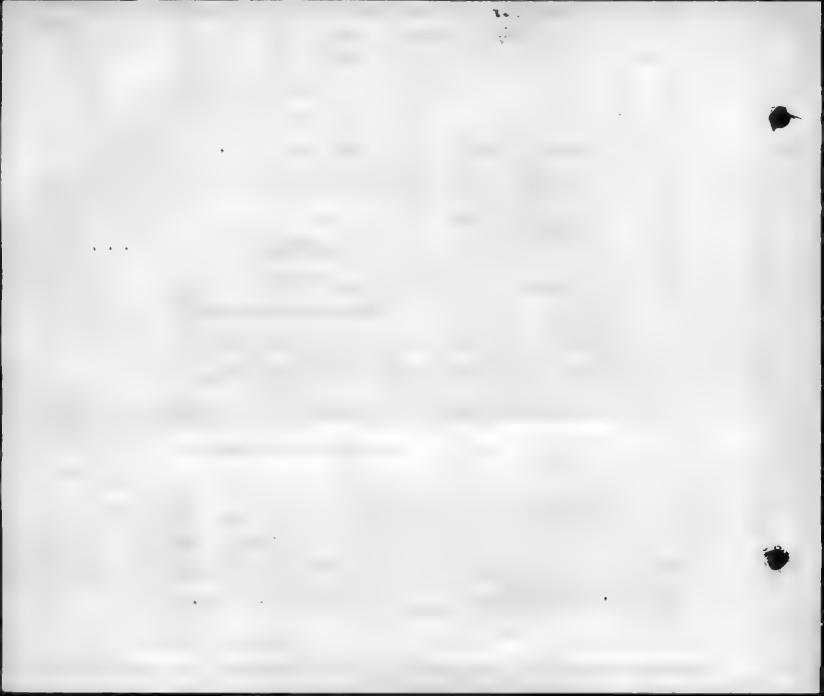
TO FUNERAL DIRE
page 3 should be VS A15 (4) 15M 10/57



HOSPITAL



				338		TIFICAT						list, No.		
.4		LACE OF DEATH	Baltimore		M	ARYLAND 2	USUAL RESI	_	_	ived. If instit b. COUN		nce before	e admission)
,		. CITY OR TOWN (If outside corporate limit	ts, write	c. LENGTH OF ST	TAY IN 16		TOWN IIF OF		te limits, write	RURAL pnd	aive neg	rest town)	
The same of the sa		Catonsvi			2IyrIm	o Tán	Balti			4		,		¥
			TAL (If not in hospital, g	ive street ac	idress)	o Ida	d. STREET A			- h	· V · /		IS RESIDE	NCE
14	L	Spring (rove State	Hospi	tal		2824 /	lamed	a Blvd				ON A FA	
	3.	NAME OF DECEASED	Fin	af	Мк	ddle	Los		4. DATE OF	N	onth	Day	Yea	ır
*		Type or print)	BER				OTT		DEATH	Jan	ary I	6	190	59
	5. 5	SEX	6. COLOR OR RACE	7- MARRIE	D 🔯 NEVER MA	RRIED 🔲 B. I	DATE OF BIRT	Н	9	AGE (In year lost birthday	(s) IF UNDE		Hours I	Min.
	_	female	white	WIDOWED	_	RCED 🗌	? ?	<u> 187</u>	2	86 7		Days	HOURS	MIII.
	100	during most of wor	ON (Give kind of work a king life, even if retired)	done 10b. Ki	IND OF BUSINES	S OR INDUSTR	Y 11 BIRTHPL	ACE (State o	r foreign cou	ntry)	12. C	ITIZEN OI	WHAT CO	DUNT
		none					Mar	yland			U	S.A.		
	13.	FATHER'S NAME					14. MOTHER'S		AME					
	16	unknow	R IN U. S. ARMED FOR	CECO III C	OCIAL SECURITY	10 17 00	TIM	known						
	[Yes		(If yes, give wor or dates of se	ervice)					_		ddress			
	 		ATH [Enter only one co		known		cords:	Sprin	g Grove	State	Hosp			
			ATH WAS CAUSED BY- IMMEDIATE CAUSE (6)									ONS	RVAL BETWEET AND DE	ATH
						773 <i>/</i> 2 Prof.		7 4 5.						
					TOSCIBL	otic my	cardia	l infa	arction	3			hrs	
		4201	DUE TO							***				
		420 of Conditions, if a gove rise to i	DUE TO	Art	erioscle					***				
		420.1 Conditions, if a	DUE TO	Art						***				
	NOI	Conditions, if a gove rise to i couse (o), stoling lying couse lost.	DUE TO	, Art	erioscle	erotic (ardiov	ascul	ar dise	92.59	GIVEN IN PA		hrs was au	TOPS)
1	ICATION	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI	DUE TO Iny, which (b) mmediote DUE TO the under (c) HER SIGNIFICANT CON	Art	erioscle	erotic (cardiov	THE TERMIN	ar dise	CONDITION O	GIVEN IN PA		hrs	TOPSY FD?
1		Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI	DUE TO Iny, which (b) mmediote DUE TO the under (c) HER SIGNIFICANT CON	Art	erioscle	erotic (cardiov	THE TERMIN	ar dise	CONDITION O	GIVEN IN PA		WAS AUT	ropsy FD?
ſ	CERTIFI	Conditions, if a gove rise to a couse (o), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO Iny, which provided the under to the	Art	erioscle	DEATH BUT NO	Cardiov	THE TERMIN	AR DISEASE	CONDITION (RT 1(o) 19	WAS AUT	TOPSY ED?
1	CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour a. gt.	DUE TO Iny, which mmediote the under Constitution (c) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) BY Month, Doy, Yeo	Art DITIONS CO 206. DESCR	erioscle	DEATH BUT NO	cardiov	THE TERMIN	AR DISEASE (CONDITION (WAS AUT	TOPSY ED?
1		Conditions, if a gove rise to a gove rise to a couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUIN Hour a.g., p. m.	DUE TO Iny, which medione the under to (c) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Doy, Year	APT DITIONS CO 20b. DESCR 20d. INJ While of work	erioscle	DEATH BUT NO Y OCCURRED. (OF ENJURY (THE TERMIN	NAE DISEASE (20f. (City o	CONDITION (RT 1(0) 19	WAS AUT PERFORM	(Store
1	CERTIFI	Conditions, if a gove rise to a gove rise to a couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIT Hour a. gt. p. m. 21. I certify the contribution of t	DUE TO Iny, which mediote the under- HER SIGNIFICANT CONI AS UNDERLYING CONIC CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year 19	APT DITIONS CO 20b. DESCR 20d. INJ While of work	ETIOSCIE MIRIBUTING TO MIRE HOW INJUR URY OCCURRED Not white of work	DEATH BUT NO Y OCCURRED. (20e. PLACE foctor	OT RELATED TO Enter noture o OF INJURY (y, street, office)	THE TERMIN I injury in P Home, farm, bldg., etc.]	Ar disease of the Port I	condition of item 18.]	that	(County)	WAS AUT	(Stole
1	CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour a. gt. p. m. 21. I certify the	DUE TO Iny, which medione the under to (c) AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER; RY Month, Doy, Year	APT DITIONS CO 20b. DESCR 20d. INJ While of work	ETIOSCIE MIRIBUTING TO MIRE HOW INJUR URY OCCURRED Not white of work	DEATH BUT NO Y OCCURRED. (OT RELATED TO Enter noture o OF INJURY (y, street, office)	THE TERMINE Injury in Policy in Poli	DISEASE OF LOT I OF PORT I	ONDITION (of item 18.) r lown)	that I	(County)	WAS AUT PEFFORM YES NO h	(Stote
1	CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY) Hour a. gt. p. m. 21. I certify the alive an Jan ACTUAL	DUE TO Iny, which mediote the under- HER SIGNIFICANT CONI AS UNDERLYING CONIC CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year 19	APT DITIONS CO 20b. DESCR 20d. INJ While of work	ETIOSCIE MIRIBUTING TO MIRE HOW INJUR URY OCCURRED Not white of work	DEATH BUT NO Y OCCURRED. (20e. PLACE foctor	or RELATED TO Enter noture of OF INJURY 1 y, street, office , 159	THE TERMIN f injury in P Home, farm, bldg., etc.]	20f. (City of Marry)	of item 18.] r lawn) 2 152 the causes et, city or low	that I and an n, stote)	(County)	WAS AUT	(Stote
•	CERTIFI	Conditions, if a gove rise to a gove rise to a couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUIT Hour a. gt. p. m. 21. I certify the dive an Jan ACTUAL SIGNATURE	DUE TO Iny, which mediote the under- HER SIGNIFICANT CONI AS UNDERLYING CONIC CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year 19	APT DITIONS CO 20b. DESCR 20d. INJ While of work	ETIOSCIE MIRIBUTING TO MIRE HOW INJUR URY OCCURRED Not white of work	DEATH BUT NO Y OCCURRED. (20e. PLACE foctor	or RELATED TO Enter noture of OF INJURY 1 y, street, office , 159	THE TERMIN f injury in P Home, farm, bldg., etc.]	20f. (City of Marry)	ONDITION (of item 18.) r lown)	that I and an n, stote)	(County)	WAS AUT PEFFORM YES NO h	(Stote
	CERTIFI	Conditions, if a gove rise to a gove rise to a couse (o), stoting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. gt. p. m. 21. I certify the alient and actual stonature.	DUE TO Iny, which mediote the under- HER SIGNIFICANT CONI AS UNDERLYING CONIC CAUSE OF DEATH MEDICAL EXAMINER BY Month, Doy, Year 19	DITIONS CO 20b. DESCR 20d. INJ While of work deceased 1959	erioscle INTRIBUTING TO RIGE HOW INJUR URY OCCURRED Of work of work d from Janu , and the	DEATH BUT NO Y OCCURRED. (20e. PLACE foctor	or RELATED TO Enter noture of OF INJURY 1 y, street, office, 199 ccurred at	THE TERMIN I injury in P Home, farm, bldg., etc.) J: 15P, ng Gro	20f. (City on Lary) 20f. (Strong Courses (Strong Course)	of item 18.) r lown) 2 152 the causes at, city or town, the Hose	that I and an n, stote)	(County)	WAS AUT PEFFORM YES NO h	(Stote
	MEDICAL CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 19 m. 21. I certify it alive an Jan actual signature Physician's NAME (Type)	DUE TO Iny, which mmediote the under AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea 19 Total I attended the ULLIP IO PRINCE OF DEATH AND THE THEREO NO. 22b, DATE/THEREO	Art DITIONS CO 206. DESCR If 20d. INJ While of work deceased 1959	erioscle INTRIBUTING TO RIGE HOW INJUR URY OCCURRED Of work of work d from Janu , and the	PLACE foctor 20e. PLACE foctor ary I6 nat death ar	or related to Enter noture of OF INJURY (y, street, office 159 courred at Spri	THE TERMIN I injury in P Home, farm, bldg., etc.) J: 15P, ng Gro	20f. (City of Duress (Street)	of item 18.) r lown) 2 152 the causes at, city or town, the Hose	that I and an in stote)	(County)	WAS AUT PEFFORM YES NO h	(Stote
	MEDICAL CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUING HOUY a. gt. p. m. 21. I certify the alive an Jan ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SURIAL, CREMATIC EMOVAL-(Specify)	DUE TO Iny, which mediote the under to the property ing the property in the	Art DITIONS CO 206. DESCR If 20d. INJ While of work deceased 1959	erioscle INTRIBUTING TO INTRIBUTING TO	PLACE foctor 20e. PLACE foctor ary I6 nat death ar	or related to Enter noture of OF INJURY (y, street, office 159 courred at Spri	THE TERMIN I injury in P Home, farm, bldg., etc.) J: 15P, ng Gro	20f. (City of Duress (Street)	of item 18.] of item 18.] r lawn) 1.52 the causes et, city or low the Hose Md.	that I and an in stote)	(County)	WAS AUT PERFORM YES 1 N	(Stote
	MEDICAL CERTIFI	Conditions, if a gove rise to i couse (o), stoling lying couse lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 19 m. 21. I certify it alive an Jan actual signature Physician's NAME (Type)	DUE TO Iny, which mediote the under to the property ing the property in the	Art DITIONS CO 206. DESCR If 20d. INJ While of work deceased 1959	erioscle INTRIBUTING TO INTRIBUTING TO	PLACE foctor 20e. PLACE foctor ary I6 nat death ar	or related to Enter noture of OF INJURY (y, street, office 159 courred at Spri	THE TERMIN I injury in P Home, farm, bldg., etc.) 5:15P, ng Gro	20f. (City of Duress (Street)	ONDITION Of item 18.) I of item 18.) The causes et, city or town the Hose Md. Md.	that I and an in stote)	(County) last sa	WAS AUT PERFORM YES N	(Store cea



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

339. CERTIFICATE OF DEATH

00326

CERTIFICATE OF DEATH

Reg. Dist. No.

PACE OF DEATH o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (W o. STATE Marvland	there deceased lived. If institution b. COUNTY	Residence before admission	or)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	RAL and give nearest town)	γ
Fort. Howard d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	17 Days	Baltimore d street Address	3 Y	e. IS RESID	DENCE
Veterans Administration	n Hospital	516 North	Brice Street	ON A F	
3 NAME OF First DECEASED (Type or print) JAMES	Middle	PARKER Lost	4. DATE Month		° 59
5. SEX 6. COLOR OF RACE 7. MAR. Male Colored WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH March 7, 19	lost birthdoy)	FUNDER 1 YEAR IF UNDER	
100 USUAL OCCUPATION (Give kind of work done) 10b		STRY 11. BIRTHPLACE (Stoke	or foreign country)	12 CITIZEN OF WHAT O	COL NITRY
Truck Driver	holesale House		Virginia	U. S. A.	CONTRA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
George Parker		Annie Nich	olson		
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Addre	55	
Yes WW II 22	26-09-6316 CI	Lin.Rec., Vet	Adm. Hospital, Ft	.Howard, Md.	
18 CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c)]			INTERVAL BETY	WEEN
PART I DEATH WAS CAUSED BY: UR	EMIA			ONSET ANALY	EATH .
446× DUE TO					
	TERIOLAR NEPHR	COSCLEROSIS		UNKNOW	IN
gave rise to immediate couse (a), stating the under-					
lying couse lost. (c)					
Fam II OTHER SIGNIFICANT CONDITIONS OF THE PART II OTHER SIGNIFICA	cular Disease.	2. Bronchops	inal disease condition given neumonia, bilate	eral PERFORM	MED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of item 18.)	- A Matte	
Abile Hour o.m. White	NJURY OCCURRED 20e. PL Not white t of work	ACE OF INJURY (Home, farr clary, street, office bldg., etc	n, 20f. (City or town)	(County)	(State)
21. I certify that ditended the deceas	ed from January 7	1950 to J	anuary 12 1050	YEAR TOTAL TOTAL TOTAL	CYCYCYCY
Rivernococcoccocción					
	January Court	CLEOTIES OLL FLE	ADDRESS (Street, city or town, st		a abave E SIGNED
SIGNATURE (LUL)	-an	MD. VAH, FOR	T HOWARD, MARYL		3/59
NAME (Type) CHIEN WET LAN. M	[_D_	VAH. FO	RT_HOWARD. MARY	LAND	
220 BURIAL, CREMAT ON, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, fown, or	county) (State)	
Burial Specify Jan. 17, 1959	Mount Auburn	Cemeterv	Baltimore, Mar		
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		·	RAR'S SIGNATURE	
Flroy O. Wilson, 1000 Bra	AT A A Part	O. Md. DATE		1.7 8 Km	





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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 206 CERTIFICATE OF DEATH

00328 Reg. Dist. No.

, PLACE OF DEATH				ere deceased five		Residence b	efare admission)
	MARYLAND	°		and	b. COUNTY Bal	timor	А
b. CITY OR TOWN (If autside carporate limits, write	c LENGTH OF STAY IN 16		. CITY OR TOWN (If ou	rtside carporate	limits, write RUF	AL and give	negrest town)
Dundalk 22	28 years	. "	" Dunda	1k 22			
d. NAME OF HOSPITAL (If not in haspital, give street		1					e. IS RESIDENCE
1809 Portship Road		1 /	1809 Port	ship R	oad		ON A FARM? YES NO TO
NAME OF First	Middle	_!!	lost	4. DATE	Month		Day Year
(Type or print) MARET.		F)		OF DEATH		9 PW 2	3rd, 19 59
		7		9. A	GE (In years II)		AR IF UNDER 24 HRS
female white widow	ED DIVORCED	A	ug.11.190	8 5	O yrs.		
On USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDU	JSTRY	11 BIRTHPLACE (State a	r fareign cauntr	r)	12. CITIZEN	OF WHAT COUNTRY?
Învalid			Baltimo	re.Mar	yland	USA	
3. FATHER'S NAME		14.	MOTHER'S MAIDEN NA	AME			
Robert J.Peter	8		Dora K	esselr	ing		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFOR	MANT		Addres	3	
no	none I	Dor	a K. Peter	9 88	me as	#2	
18 CAUSE OF DEATH [Enter only one cause per la	ne for (a), (b), and (c)]					111	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:							NSET AND DEATH
4.20. / DUE TO			0				
Canditians, if any, which) (b)	4 ocardia	A.	infares	rida.			
Our To	7						
lying cause last. (c)	V						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	TON	RELATED TO THE TERMIN	IAL DISEASE CO	NDITION GIVEN	IN PART 1(0	19 WAS AUTOPSY PERFORMED?
tracture	of dorsa	R	Sprine	, he	alad.	~	YES NO NO
200 ACCIDENT WAS UNDERLYING 206 DESTOR CONTRIBUTING 204 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIEF HOW INJURY OCCURRI	ED. (Enl	ler flature of injury in Po	art I ar Part II a	Fitem 18.)		
20c TIME OF INJURY Manth, Day, Year 20d. II	NJURY OCCURRED 20e PI	LACE O	F INJURY IHame, form,	20f (City or to	gwn)	(Coun	ty) (State)
Haur o. m. While		actory, :	street, affice bldg., etc.)			,-	
		2.4	10 5 9 10 -	1		that I last	and the dense.
dive on 12.	, and indi deali	n ucc					die stated abave.
ACTUAL GOO helde	Streem		Den	really	Hod.	call	2. Con 1-7.4
SIGNATURE		_ M.D.					
PHYSICIAN'S Leopoldo	Gruss M.	0.	. ** *** *** ** ** ** ** ** ** ** **			170	PryColla
20. BURIAL, CREMATION, 226. DATE THEREOF				_			(State)
Buria] 1/20/39		ge .	Memorial	Dorse	-		
FUNERAL DUECTOR'S SHONATURE	ADDRESS Duam de T	1.1-	00				
Waller Forosto Brake	ely, terpunda.	LK	DATEAN	2 59	(Appendix	A S. Thin	W.4.
	Baltimore b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest form) Dundalk 22 d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION) 1809 Portship Road NAME OF DECEASED (Type ar print) SEX 6 COLOR OR RACE WIDOW OU. USUAL OCCUPATION (Give kind of wark dane) during mest of working life, even if relired) Invalid 3. FATHER'S NAME Robert J. Peter S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes no er unknown) 18 CAUSE OF DEATH (Enter only one cause per limited) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LU. 20. / DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS of the Control of the Couse (b). The Couse of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING While at war in the couse of the couse (c). The couse (c) while at war in the couse (c). 21. I certify that I attended the decease alive on 19 me. 22. I certify that I attended the decease alive on 19 me. 23. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) 1 2 26 LEO	Baltimore Baltimore Baltimore CUNTY OR TOWN (If ourside carporate limits, write RURAL and give nearest fown) Dundalk 22 d NAME OF HOSPITAL (If not in haspital, give street address) 1809 Portship Road NAME OF DECASED (Iype ar print) SEX G COLOR OR RACE MABEL FLORENCE SEX G COLOR OR RACE MIDOWED DIVORCED DO. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if relired) Invalid FATHER'S NAME RObert J. Peters S. WAS DECEASED EVER IN U. S. ARMED FORCES? INVADIGATE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING OR OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 201 ACCIDENT WAS UNDERLYING OR OF DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 202 TIME OF INJURY Manth, Day, Year and Year of Medical Examiner (If the print) 203 ACCIDENT WAS UNDERLYING OR OF DEATH BUT OR CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 204 ACCIDENT WAS UNDERLYING OR OF CONTRIBUTING TO DEATH BUT OR CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 205 TIME OF INJURY Manth, Day, Year and Year of Medical Examiner (If the print) 206 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER) 207 ACCIDENT WAS UNDERLYING OR OF CEMETERY OR CONTRIBUTION OF COURSED While Not while Not while or work of the death of the deceased from Advance or CEMETERY OR MEDICAL EXAMINER PHYSICIAN'S NAME (ITYPE) ACCIDENT AND THE ORDER OF CEMETERY OR MEDICAL EXAMINER PHYSICIAN'S NAME (ITYPE) ACCIDENT ADDRESS ADDRESS	Baltimore Baltimore	Baltimore Baltimore Baltimore B. CLIN OR IOWN (If outlide corporate limits, write RURAL and personal limits, write RURAL and personal limits) B. CLIN OR IOWN (If outlide corporate limits, write RURAL and personal limits) B. CLIN OR IOWN (If outlide corporate limits, write RURAL and personal limits) B. CLIN OR IOWN (If outlide corporate limits, write RURAL and personal limits with RURAL and personal limits with RURAL (If not in hospital, give street address) C. CITY OR IOWN (If out RURAL ADDRESS AND ADDRESS	Baltimore Beltimore Beltimore Beltimore Beltimore Beltimore Beltimore Beltimore Beltimore Beltimore Control of Town (if outside corporate limits, write RUBAL and give necrest livery) Dundalk 22 Beltimore Bel	Baltimore Compared to the composite limits, write and the composite limits, write BUI Compared to the compared to the composite limits, write BUI Compared to the compared to the composite limits, write BUI Compared to the compared to the composite limits, write BUI Compared to the compared to the composite limits, write	Baltimore Baltimore County (If anythe corporate limits, write Bulk and give Bulk and



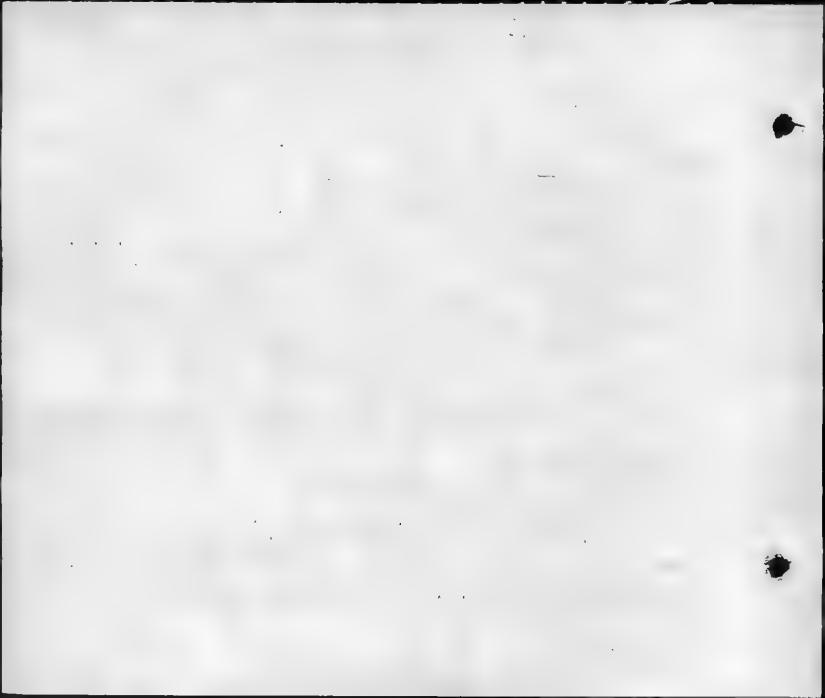
71567			Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	deceased lived. If institution: Residence dd b. COUNTY Balt	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville	3yr 17dys	c. CITY OR TOWN (If outside V Baltimore	de corporate limits, write RURAL and gi	ve riegrest fown)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SPRING GROVE STATE HOSP	address)	Box 267 - H	Route 15	B. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) (L A)	Middle 12/4 Gray		DATE Month	Pay Year 59
6. COLOR OR RACE 7. MARRI female White WIDOWE		B. DATE OF BIRTH October 29, 1	to a big at a particular and a particula	YEAR IF UNDER 24 HRS. Days Hours Min
10b. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) 10USCHI IC	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fo	and the same of the same	EN OF WHAT COUNTRY
13. FATHER'S NAME WEST LOTTE Gray WALLACE	E GRAY	14. MOTHER'S MAIDEN NAM		DUNIN
(Yes, no, or unknown) (If yes, give wor or dates of service)		ecords: SPRING	Address	SPITAL
gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES 1 NO 30
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D, (Enter nature of injury in Parl	f or Port II of item 18.)	THE STATE OF THE S
Hour o. n. While		ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., etc.)	Of. (City or town) (Co	unty) (State)
21. I certify that I attended the decease alive on Jan. 26 , 159 ACTUAL SIGNATURE STELLA WARD		occurred at 2:35%.N	A, fram the causes and an the MESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S Stella Wachsler 220 BURIAL CREMATION, 226. DATE THEREOF	, M. D.	****	28, Maryland	/ (5tole)
23. FUNERAL DIRECTOR'S SIGNATURE	TARK WOOL		BALTO, Co, 14.	4.

may be relatined by the hastital or attending physician.

TO FUNERAL DISCOR: After this certificate has been signed by the attending physician and campletely filled in by Juneral director, page 3 should tabletoned far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. death. Page IO INSTITATE OR ATTENDE G BITY HOLAN: The law requires that the death contributed to executed within 2" hours miliger

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VS A15 (4) 15M 9/55



TO MOSPITAL ME INTENDING PRYDICIAN: The low requires that the death certificate be exempled within 24 Bours after

TO FUNERAL DIR poge 3 should be

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00330

344			Re	eg. Dist. No.
PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who shall haryland	ere deceased lived. If institution b. COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	le c. LENGTH OF STAY IN 1b		utside corporale limits, write RURA	L and give nearest town)
Fort Howard	13 Days	X Fort Howa	rd	
d NAME OF HOSPITAL (If not in hospital, give stri OR INSTITUTION		d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administrat	ion Hospital	40 Denton	Avenue	YES NO
3. NAME OF First DECEASED (Type or print) FRANK	Middle - man	PIECHOCKI	4. DATE Month OF DEATH January	Doy Yeor 15 19 59
5. SEX 6. COLOR OR RACE 7. M	ARRIED TONEVER MARRIED	B. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS
140100	OWED DIVORCED	Nov. 4, 1893	05 yn.	onths Days Hours Min
18a. USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired)	06 KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTI
Fisherman	Commercial fis		re, Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Robert Piechocki		Mary Hannas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no or unknown] [If yes, give wor or dates of service]		INFORMANT	Address	
Yes WW I	Unknown Cl	Lin.Rec., Vet.A	dm. Hospital, Ft. I	Howard, Marylan
18. CAUSE OF DEATH [Enter only one couse pe	er I ne for (a), (b), and (c)]	¥		INTERVAL BETWEEN
PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	PULMONARY EDEMA	AND CONGESTIO	N	ONSET AND DEATH
11//	RHEUMATIC HEART	DISEASE DITTH	MITRAL STENOSIS	UNKNOWN
Canditions, if any, which) (b)	DESCRIPTION OF THE PROPERTY	DIPLICATE WILLIE	TITION OTHIODID	OIVIZIVONIA
gave rise to immediate (
lying cause last.				
PART II. OTHER SIGNIFICANT COND.TION 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
206 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort 1 or Port II of item 18.)	
Hour o.m. Wh		ACE OF INJURY (Home, form, ictory, street, office bldg., etc.	20f (City or town)	(County) (State
21. I certify that Xottended the dece	eased from January ?	. 1959 to Ja	nuary 15 1959 xx	000000000000000000000000000000000000000
**************************************	OOOOOXand that death	occurred at 2:45A	aM from the course and	on the date stated above
al. II	Y		DDRESS (Street, city or town, slote	
SIGNATURE Club WZ i of	an	MD. VAH, FORT		
PHYSICIAN'S CHIEN WEI LAN,	M.D.			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATION (Eity, town, or co	obnty) (State)
REMOVAL (Specify) 1/19/59	Baltimore Nat		Baltimore, Mar	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 REGISTRA	
Illrich Funeral Home	2112 Dundalk Ave			& Sana
THE TAXABLE PARTY OF THE PARTY		25484	1 U U U U U U U U U U U U U U U U U U U	1 Fundula





1 ~		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8 00332
		343 CERTIFICATE OF DEATH	Reg. Dist. No
filed wi	1	o COUNTY Salto Co. MARYLAND O STATE Md. 6 COUNTY	on: Residence beforg admission)
Se de la se		b. CIPPORTOWN (If outside corporate limits, write RNAL and fire nearest town) C. LENGTH OF STAY IN 1b C. GITY OR TOWN (If outside corporate I mits, write RNAL and fire nearest town) C. LENGTH OF STAY IN 1b C. GITY OR TOWN (If outside corporate I mits, write RNAL and fire nearest town)	,
nd 2 sh		d. NAME OF HOSPITAL (If not in haspitot, give street address) ORINSTITUTION Meller ave 106 Mellor av	e 15 RESIDENCE ON A FARM? YES NO
filled in	3	Type or prost 100212 Edw. 1 resslet DEATH Jan	1/3 1959
ipietely ers. Pa		SEX 6. COLOY OF RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED 10/28/85 WIDOWED DIVORCED 10/28/85	Months Days Haurs Min.
and com	4	00. USUAL OCCUPATION (Give kind of work done of business or industry 11. BIRTHPLACE (Stote or foreign country) Stranger of the property of th	12. CITIZEN OF WHAT COUNTRY?
physician armave carbo		Glorge Preader Mary E. mit	thell
ding phose remo	135	Yes, no, or unknown) [If yes, give wor or dates of service] Phra margaret Ms	eller
hen pled		PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN
ed by th rmit. Til		Conditions, if ony, which (b) Aupertensive (ardio-Vasculor of	June 6 415?
cian. en signi ans i pe	z	lying couse last (c) Carcinomo of prostate i meta	- Instrument
has be hard-trail-	5		PERFORMED? YES NO
attendir crificate as the b	CAL CERTIF		(County) (State)
ir this ca for use cremati	MEDIC	Hour a. m., pm. 19 While Not while at work at work at work	9
he hosp OR: After stacked buriol,		alive an	
DIRECT OI RECT Id be de prior to		ACTUAL SIGNATURE OUTON TO WHOM M.D. 805 DIEGENCK (1)	e 28Mel 7.13.5
NERAL I 3 shoul	77	PHYSICIAN'S TEGINE L. URBAN 20 BURIAL CREMATION, 22b. DAYE THEREOF 22c NAME OF CEMETERY OF CREMATORS. 22d LOCATION IC by town of	
TO FUN Poge the re	1	Bureal 1/15/59 Joudon Park Belto.	Stran's SIGNATURE
A1S (4) % M 9/SB	L	Mac 21166 + Ston 28 DATE JAN 1 6'59 C	rthur S. Thomas
		Chi	Chun & fr



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Baltimore MARYLAND b. CITY OR TOWN Ill outside corporo's limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town)
Catonsville 2Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cherrydell Rd. YES I NO FA Cherrydell NAME OF 4. DATE Middle Day Year DECEASED John (Type or print) Frederick DEATH Eressner Jan. 19 EC 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lest birthday) Months Days Min. WIDOWED [7] DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Ins. Co. .U.S.A. Electrician- Ret Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Not Known Not Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Sherry, 211 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420. **DUE TO** Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? O NO IT 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part II or Part II of Item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while O. Itt. of work at wark p. m. 21. 1 certify that I took charge of the remains described above, held on Autopsy [], Inspection [7] Accident , Suicide , Homicide , Undetermined cause . deoth resulted from: Natural causes 40.0 ARTHUR. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) 22g. BURIAL, CREMATION, 22b. DATE THEREOF (Stote) REMOYAL (Specify) Wood swn. 6-59 Buria orraine Fark ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

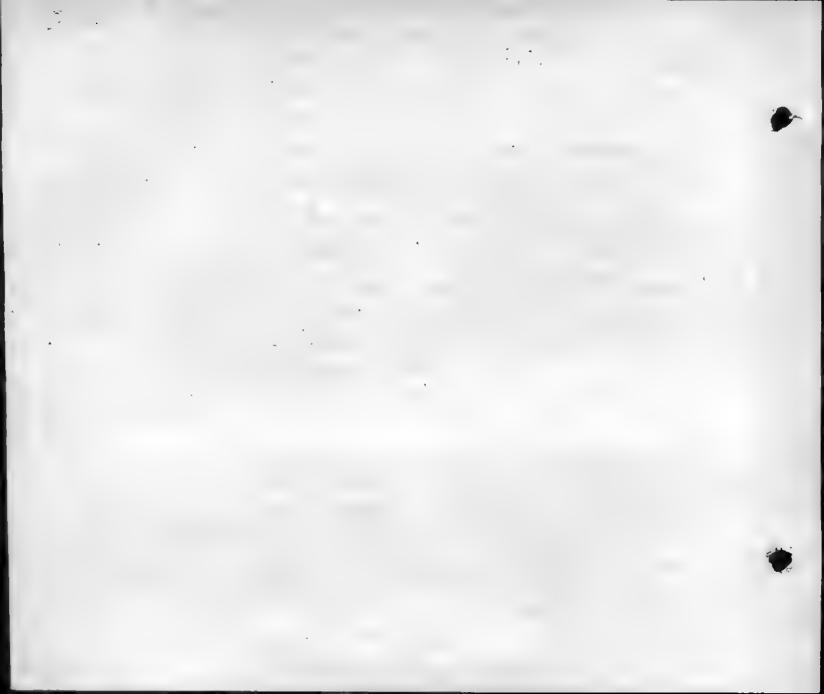
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VS. A15ME(5) 5M 9/55

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Funeral Home



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

345 CERTIFICATE OF DEATH

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- 1						
		COUNTY C		2 USUAL RESIDENCE (WI	nere deceased fived If institution	Residence before admission)
and the same		DHLIMORE	MARYLAND	11/19124	LAND	ISALTINICKE
	1	CITY OR TOWN (If outside corporate limits, write FRURAL and give nearest town)	c. LENGTH OF STAY IN 16	E CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give nearest town)
	(CUINGS MILLS	14425	X KANIHI	1/STOWN	
L		d NAME OF HOSPITAL (If not in hospital, give street	oddress)	d STREET ADDRESS	1 2 2 2 2 2 7 7	e IS RESIDENCE
		ROSEWOOD TRAININ	G SCHOOL	11024127	es tour	ON A FARM?
	3	NAME OF	Middle		14 0000	
		DECEASED Type or print)	BURTON	FRICE.	4. DATE Month	20 19,59
	5. 5	EX 6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	1	1719 ELHITE WIDOWS	DIVORCED	4-25-	38 lost birthdoy)	Months Days Hours Mrn
	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY
		the state of the s	degate V	DIARU	Alach	111 (1)
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	VAME	(4), 40/1//
		JOHN KENTON	Dur.	1-1-11	u Harra	121
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 IN	IFORMANT	Addre Addre	4010011
	[Yes	no or unknown) (If yes, give wor or date of service)	SOCIAL SECONITY NO	K	4.2 Addre	53
		180 -		1056.460	MECCR	2.0
		18 CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]		· (1)	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HAVE EFILLEI	true state	14 Ste Ans is	ONSET AND DEATH
		353.2 DUE TO ,	7		/	
		Conditions if you which I	1140 ms			
		gove rise to immediate	_		-	
		lying cours last	of ereste in i	2 4 1 1 - 1 - 1	while 18 xions	
	z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTERNITALS TO DEATH BUT			<u> </u>
10	읦	TALL III OTTER SOUTH CART CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19, WAS ALTOPSY PERFORMED?
-0'	5					YES NO
	CERTIFICATION	ON COMMISSION OF LAUSE OF DEATH I	TRIBE HOW INJURY OCCURRED	. (Enter nature of injury in f	Part I or Part II of stem 1B)	
	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	41		CE OF INJURY (Hame, form	, 20f. (City or town)	(County) (Stofe)
	MED	Hour e. m. White of world	Not while	ory, street, office bldg., etc.	1	
			15	10		
		21. I certify that I attended the decease				
		alive an, 19	, ond that death	occurred at	_M, fram the causes an	id an the date stated above
		ACTUAL MARTINE	12:11		ADDRESS (Street, city or town, st	DATE SIGNED
		SIGNATURE 167 9 E TE TE	(12 2000) 15	10. 78 C	1-1ECF Stiz	e h.
		PHYSICIAN'S CIVI ME HO	. 1	2	F 1	
		NAME (Type) KICG. Loll- 1	76. 1	f 2	5 F4 t 4 19	7 .
	220	BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City lown, or	county) (Stole)
		Burial 1/21/1969	New Cathedr		•	Marvland
	23. 1	UNERAL DIRECTOR'S SIGNATURE	ADDRESS 200			RAR'S SIGNATURE
		4000 Liberty Heights Av	e. 100 x			1 1 1
Ŀ		(1) mounty W	manash	DATE JA	12339 5.4	us S. Thank



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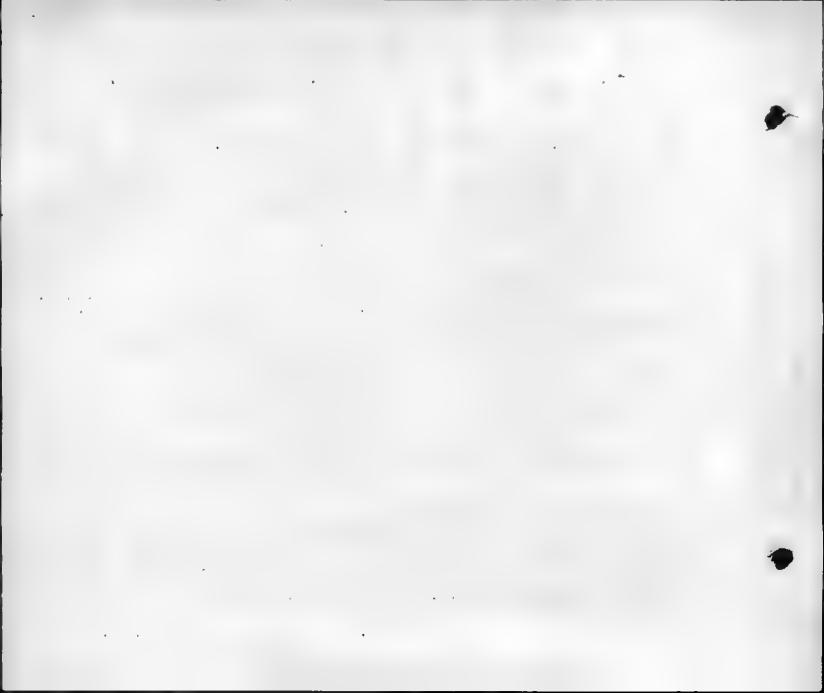
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 346

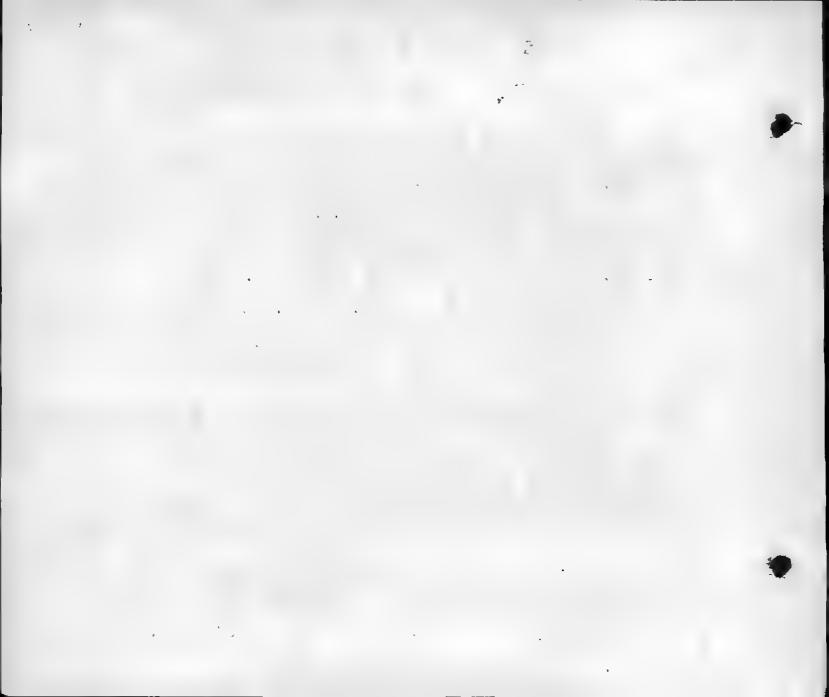
CERTIFICATE OF DEATH

00335

									Keg.	. שונות ואוש	a.	
1. PLACE OF DEATH				77.38400	2. USUAL RESIDEN	ACE (Wh	iere decease	d lived. If instit	TY		re admiss	ion)
Balto	Md. Balto.											
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
TOMBOU	OD Towson											
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?	
703 Squires Fd.					703 Squires Rd.						YES	МО 🗌
3. NAME OF DECEASED	ANNE		Middle M.		lost		4. DATE	Month		Do	у 1	Yeor
(Type or print)					PRITCHARD		DEATH		Jan.		5, 19 59	
5. ŞEX	6. COLOR OR RACE 7. MARRI		IED NEVER MARRIED		B DATE OF BIRTH			9. AGE (In year last birthday	1 IF UNI	DER I YEAR	IF UNDE	R 24 HRS
female	white	WIDOWI	4-64	-		11, 1869		89 ,		hs Days	Plaurs	Min
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHPLAC	E (Stole	ar foreign c	ountry)	12	CITIZEN C	F WHAT	COUNTRY?
Housewife		'	at ho	ome	N. C	1						
13. FATHER'S NAME					14 MOTHER'S M	AIDEN N	lame .					
Edwin H ola	t				Marry	Jar	ie Sen	derson				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. H	FORMANT	D CIL	IO DALI		ddress .			
IYes, no or unknown)	f yes, give war or dates of s	BLAICE]	*oro	3.5	a Danie	Thur. J	1	(1 -	Provi	dence	By Ra	I.
	PM (Enter poly one co	1	none far (a), (b), and (c)		r. Edwin	PULL	chard	<u>01 T</u>	orrai	ine As	ERVAL BE	T1115551
	H WAS CAUSED BY:	use per in	he lar (b), (b). and (c)	0.			-0				ET AND	
	IMMEDIATE CAUSE (o		menne	المالية	my E	u	ميستكريما	5-11mg	eti	- 2	0 9	Level.
3311	DUE TO										,	
Conditions, if an												
gave rise to immediate couse (a), stating the under-											1	
lying couse lost (c) wents Cerebral plementing 4 has												
PART 11. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	IE TERMI	NAL DISEAS	E CONDITION (SIVEN IN	PART 1(0) 1	9 WAS A	AUTOPSY
3												NO
PART 11. OTH	UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINERS	20b. DES	CRIBE HOW INJURY C	CCURRED	(Enter nature of in	njury in F	Part I ar Port	t II of item 18.)	-	,		
3 20c TIME OF INJURY	Month, Day, Yes	or 120d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Hor	ne. form	720f. (City	or town)		(County)		(Stole)
20c TIME OF INJURY	19	While	Not while	fac	lary, street, office bl	dg., etc.	1	or rowing		(County)		famel
			k at wark				1					
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alive on Ja	n 5	, 125	9, and that	deoth	occurred of 3.	:0C2	≛M, fron	n the couses	ond or	n the do	te state	ed obove.
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY **6. COUNTY** MARYSAMD Baltimore. b. CITY OR TOWN I I outside con C LENGTH OF STAY IN 16 c. CITY OR TOWN III outside carporate limits, write RURAL and give nearest fawn) and give negreet found d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RE DENCE ON A FARM? York Road YES NO DEX 3. NAME OF Middin DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9 AGE (In years 7. MARR ED DENEVER MARRIED . B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HKS. lest birthday) Months WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sive Pages farm PM3. trank Gertrude Berger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN With 18 CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c). gung ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ü Office 4-20.1 **DUE TO** Conditions, if ony, which gove rise to immediate cause **PUE TO** (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? 140 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Hame, farm, | 20f. (City or town) Manth, Day, Year (State) (County) factory, street, office bldg., etc.) While Not while of work al wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry rded opinion death resulted from: Natural causes 🙉 Accident . Suicide . Homicide . Undetermined monner 015 DIRE DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** shavid FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION. 22d LOCATION (City, town, or county REMOVAL (Specify) Parkwood (emetery 2 23. FLNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ALSME Hartord Road



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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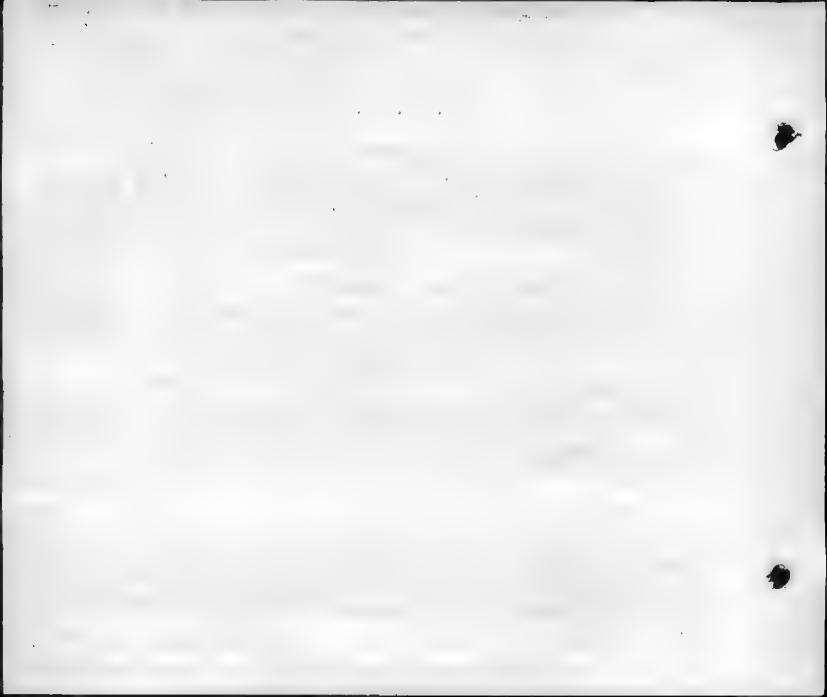
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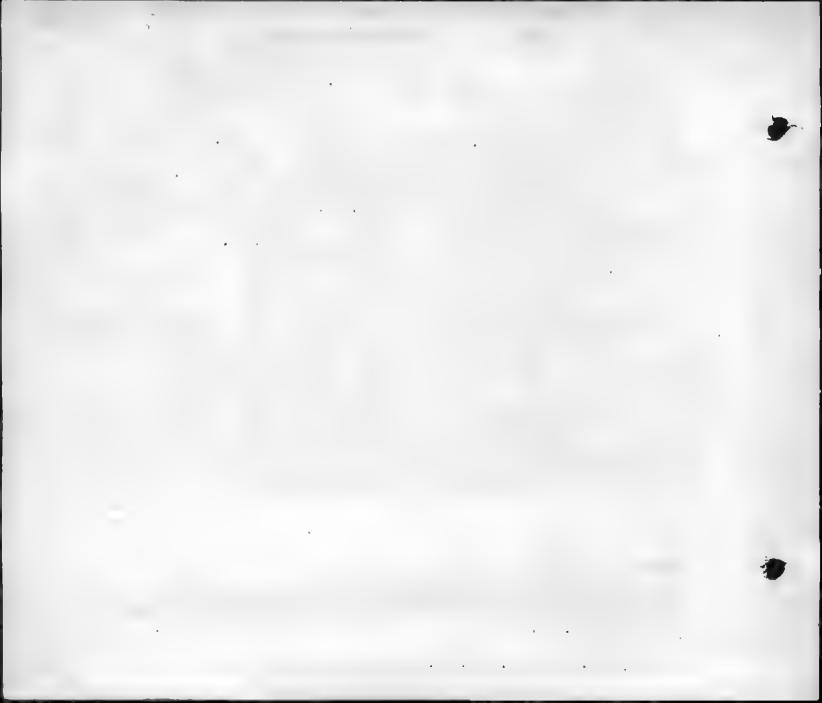
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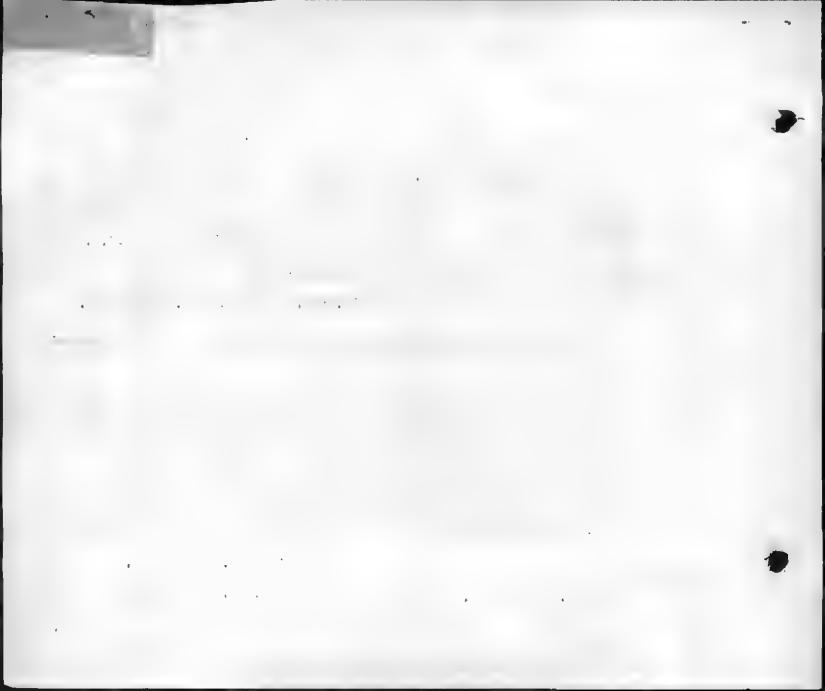
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21. I certify that I attended the deceased from	12/2	1. 19.58, ta	(/1)	10/50	Sthot I lost	saw the deceased
	d that death	11	56-79/	,		ate stated obove
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PHYSICIAN'S A Shaw H. Shaw	ma	BAG	- 78,	MP		/ / /
PERSONAL PERSONAL	OF CEMETERY OF	CREMATORY	22d LOCATION			(State)
R moval Jan. 22, 1959			Richmo	ond, Va		
23 FÜNERAL DIRECTOR'S SIGNATURE ADDRESS	5	240.	REC'D BY REGISTRAR	24b. REGI	STRAR'S SIGNATE	JRE
Wim. Gook. Inc. 1217 St. Paul St	.	DATE	IM 2 2 50	,		

may be retained by the haspital ar attending physician

TO FUNERAL Description and entities the servician signed by the attending physician and completely filled in by funeral director, page 3 should Ze detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be Afred with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1\$M 9/55

TO BESTIAL DR STENDING SITVENCIAN: The last squires that the death certificate be secured within 24 hours offer death: Page





CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH a. COUNTY D. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CIDS-OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give neorest town) NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? -KES TI NO T NAME OF Middle 4. DATE Day DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years MARRIED NEVER MARRIED lost birthooy) Months Doys Hours D VORCED WIDOWED IT / yrs JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.5.a 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI 18 CAUSE OF DEATH [Enter only one cause per line to (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' 11x 2.1 DUE TO Conditions, if ony, which gave rise to immediate DUF TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1601 17 WAS AUTOPSY PERFORMED? YES NO TR 20a. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Port I or Port I of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, | 20f (City or town) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. ot work of wark 21. I certify that I attended the deceased from That I last saw the deceased alive on and that death accurred at LLY-D.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL SIGNATURE** PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION OCITY. REMOVAL (Specify) **EUNERAL DIRECTOR'S SIGNATURE** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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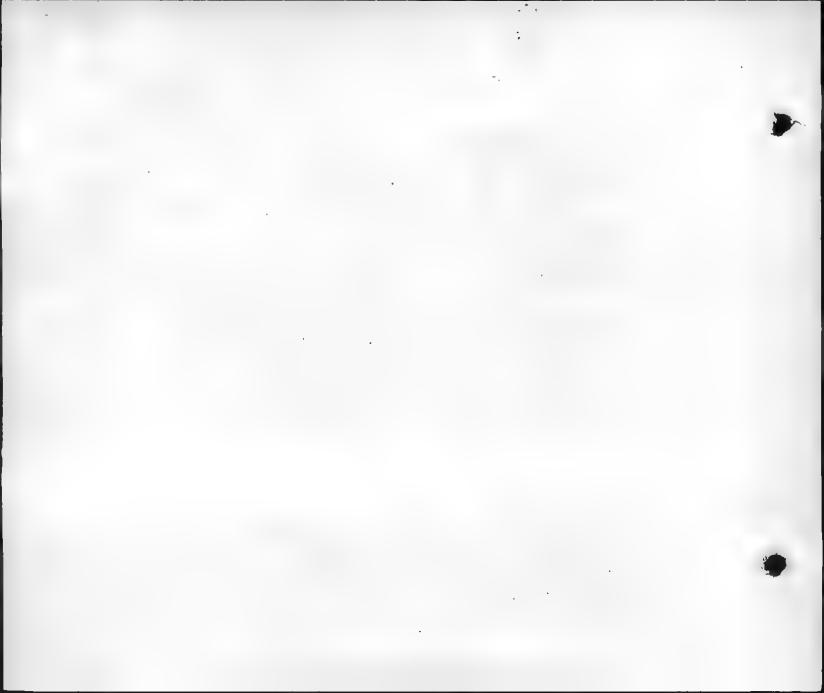
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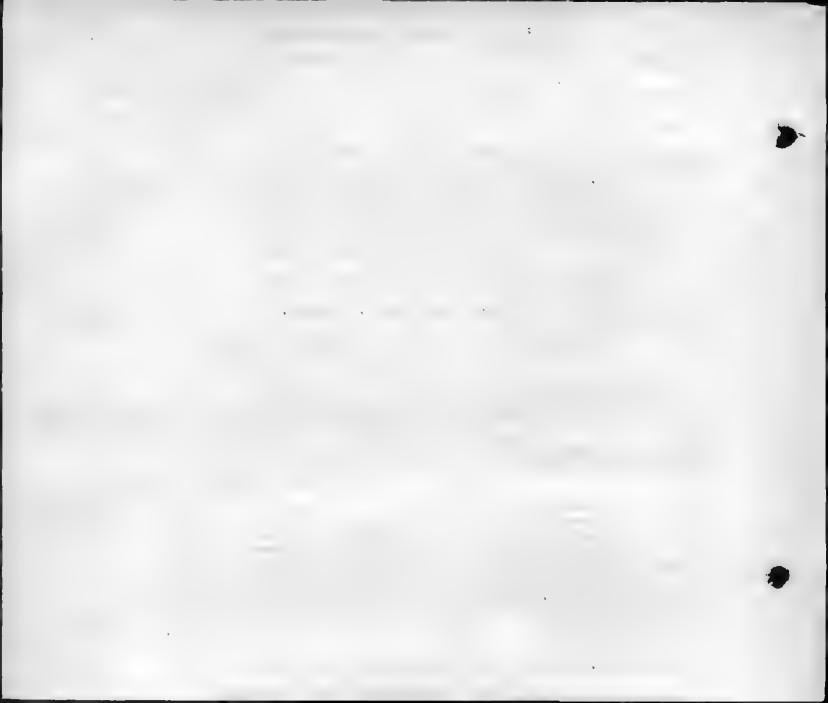


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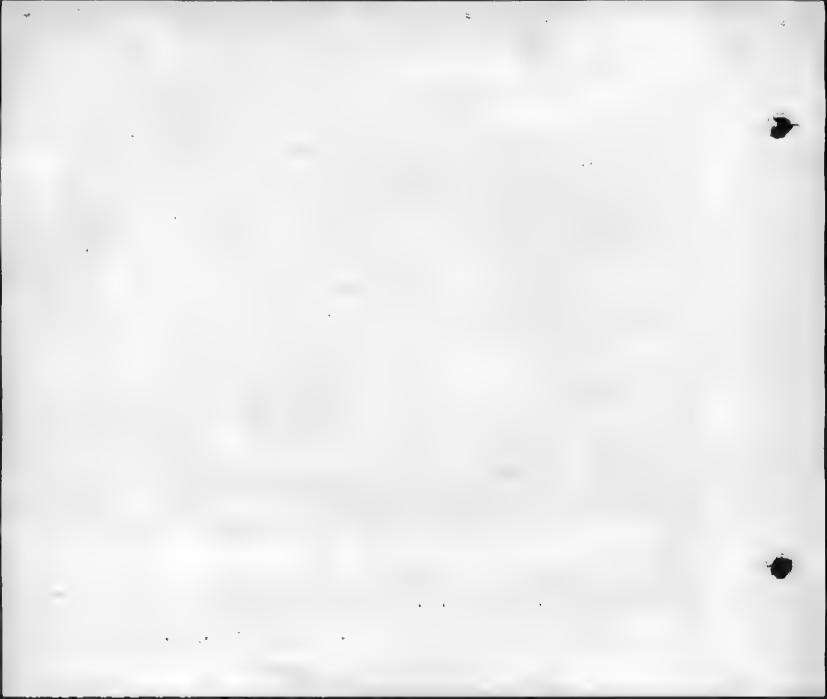
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 your VS A15 (4) 15M 9/55

PRACE OF DEATH O. COUNTY Baltimore D. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest form) Parkville d. NAME OF HOSPITAL [If not in hospital, give street address] NAME OF HOSPITAL [If not in hospital, give street address] SEX O. COUNTY Baltimore C. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest form) Parkville d. NAME OF HOSPITAL [If not in hospital, give street address] NAME OF DECEASED No. Walter SEX O. COLOR OR RACE First Middle No. Walter SEX O. COLOR OR RACE No. Walter SEX O. COLOR OR RACE NARRIED DEATH MIDDWED DIVORCED D. USUAL OCCUPATION (Give lund of work dane) Joy Sey Hours Modern greater of dane of steried during maps of working life, even if retired) Yes Death No. Walter SEX O. LENGTH OF STAY IN 1b Reidmaier O. DEATH Parkville J. STREET ADDRESS O. LATE OF DEATH OF DEATH No. DATE OF DEATH PART I DEATH WAS CAUSED BY. III PR., give wor or dame of served III Pres. give wor or dame of served DUE TO Conditions, if any, which gave rise to immediate course por line for [a], [b]. Date of REATH of the number of line for [a], [b]. Date of REATH of the number of line for [a], [b]. Date of REATH of the number of line for [a], [b]. Date of Reath of the number of line for [a], [b]. Date of Reath of
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male white WIDOWED DIVORCED feb 20, 1885 73 yrs. DO USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Wetured Gas & Clectric Massachusetts B. FATHER'S NAME Karl Reidmaier B. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT B. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT B. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), 1 Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. B. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c), 1 Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. B. CAUSE OF DEATH (Enter only one couse per line for (b), (c), and (c), 1 Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. Conditions, is any, which couse (a), stating the under-lying couse last.
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alive an 9 4 4 19.59, and that death accurred at ADDRESS (Street, city or town, state) DATE S
Legis 11 () a Al- ()
SIGNATURE HOWED & OVERAMO 8106 Harford Road 1/30/5
PHYSICIAN'S Hand I H Runn
NAME (Type) Harold H. Burrs Baltimore, Maryland
29 BUR AL, CREMATION, 726 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
Burial 1/31/59 Loudon Park (emetery Baltimore, Maryland
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR 246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before admiss on) o. COUNTY Baltimore b. COUNTY Mary land MARYLAND b. CITY OR TOWN 41 outside corporate limits, wir to RUPAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 3mth6dvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 3523 Edmondson Ave. e. IS RE DENC ON A FARM? SPRING GROVE STATE HOSPITAL YES NO F 3. NAME OF Middle DATE Frent Month DECEASED OF (Type or print) Marcie: (Clara Estell(Reinhardt DEATH Janua rv 6 COLOR OF RACE 7. MARRIED NEVER MARRIED B DATE OF BRITH 5. SEX AGE to years IF UNDER TYEAR IF UNDER 24 HES Months Doys Hours female white WIDOWED T DIVORCED [Unknown 742 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? oge during most of working life, even if retired) unknown Unknown U. S. A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address (No. on or unknown) [If yes, give war at dates of service) unknown Unknown Records: SPRING 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c) DISTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse last. PART II. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO 🛣 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW MURY OCCURRED (Enter noture of injury in Port For H of item 18) on 12-15-58 pushed to floor by another patient, sustaining comminuted, intertrochanterio fracture of Teft femor (city or lown) Month, Doy, Year (County) (Stote) 12-15 1958 While Not while of work 1 factory, street, office bldg., etc.) Catonsville 28, Maryland Hospital 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 4. Inquiry 4 and in my opinian death resulted from: Natural causes , Accident A. Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **1-26-59** EXAMINER'S George M. Kieffer. M. D. NAME (Type) DEPUTY MEDICAL EXAMINER 179 220. BURIAL CREMATION TOOL DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Cem. Balto. Md. Burial 23. FUNERAL DIRECTOR 246 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS ATSME



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 354 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. CQUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. (ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address). d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗍 NO 🖂 3. NAME OF 3. DATE Middle Month Day Year DECEASED (Type or print) DEATH 19 4 S SEX 6. COLOR OB-RACE 7. MARRIED NEVER MARRIED DATE OF BURTH AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED T WIDOWED IX 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE [Slote or foreign country] 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE DAYS IMMEDIATE CAUSE (0) 443X **DUE TO** HYPERTENSIVE HEART DISGASE Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 12 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (Slote) (County) factory, street, office bldg., etc.) Hour a.m While Not while at work of work JAN 8 1959 that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 9-1574 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stotal DATE SIGNED ACTUAL S. TAYLOR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)

ADDRESS

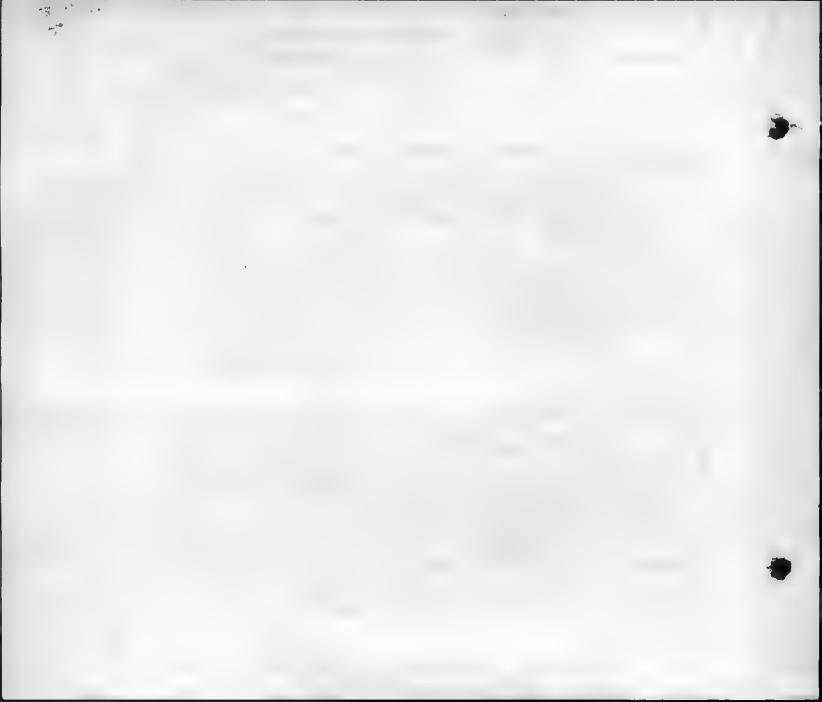
24a. REC'D BY REGISTRAR

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DATEJAN 1

VS A1S (4) 15M 9/SS 23. FUNERAL DIRECTOR'S SIGNATURE



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CERTIFICATE OF DEATH

Reg. Dist. No.

- [PLACE OF DEATH		2. USUAL RESIDENCE (WHO o, STATE			n Residence be	fore admission)
	•	Baltimore	MARYLAND	Maryland Brince George				
	ı	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nits, write RU	RAL and give n	nearest town)			
		wines Mills	5 yrs. 6mos.	Sea t Ple	asant		4	
	1	NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddress)	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		Rosewood State Training	Sahaal	6615 E St	reet_Sout	h Eas	t	YES NO
		NAME OF FIGS	Middle	Lost	4. DATE	Month	h	Day Year
		Type or print) Margh	Thrina	Riedesel	OF DEATH	T		I 1959
	5. 5	EX 6 COLOF OF RACE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG		IF UNDER 1 YEA	AR IF UNDER 24 HRS
		Female White WIDOWN		8/16/40		birthday)	Months Doys	Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)		12 CITIZEN	OF WHAT COUNTRY
		none	none	Marylan	nd		II.	S.A.
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				
/		Halvor EdwardTheodore Ri	edesel	Marqueri	te Mae Ke	ally R	i edesel	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	-3-2-2-2-3-2-2-3	Addre		
i	1	IR CAUSE OF DEATH Finter only one course per in	BORE				Tok	TERVAL BETWEEN
П		TB CAUSE OF DEATH (Enter only one couse per ful PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	DARPL	FUMON	1 i A			NSET AND DEATH
			575	- 01 20	<u> </u>			
1		I DUE TO						
١		Conditions, if any, which (b) (b)						
		couse (o), stoting the under-						
1		lying couse lost. (c)						
,	õ	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	CAI	SPASTIC QUA	DRIPLE	GIAMY	1000	EN	17.	YES NO NO
	CERTIFICATION	20b ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CA						
	MEDICAL			CE OF INJURY (Home, farm tory, street, office bldg., etc.	. 20f (City or low	n)	(Count	y) (State)
	MED		Not while Too	iory, meer, onice diag., erc.	,			
		21. I certify that I attended the decease	ed from 5/29	195C to 1	11	1957	that Linst	saw the deceases
		alive on ///	Man, arms	accurred at 4:55 \$		-		
				•	ADDRESS (Street, ci			DATE SIGNE
		ACTUAL SIGNATURE ELLES) &	leho	201EWO.				MILLSM
1				W D		~		11959
		PHYSICIAN'S ERNEST I,	DECKO				1111	1737
	72 0	BURIAL CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (ily, lown, or	county)	(Slote)
	X	3-3-5°	22 to time to	- 11 to Ti Com	- duit	ant	1 line	rylling he
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	D BY REGISTRAR	24b. REGIST	RAR'S SIGNAF	
	-	W.W. Chambers Gr. Ave.	517-11 To AN.	DATEAN	5 750	0 11	- 0 2-	

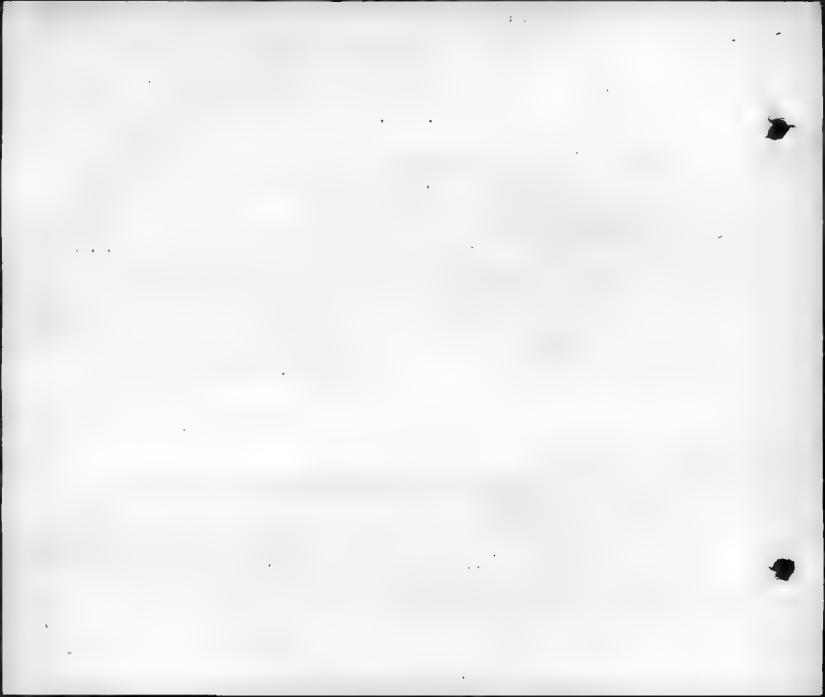
uneral director, Idebe filed with de≡th Page II TTENDING PHYSICIAN: The law requime that the death certificate be executed within 24 hours may be retain the haspital or ottending physician.

TO FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the registrar prior ta burial, cremation, ar remayal, and in any event within 72 hours, after death.

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TO HOSPITAL OR VS A15 (4) 15M 10/57



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								Kag. DIST.	. 140.
1. PLACE OF DEATH COUNTY Ba.	ltimore		MARYLA	H	USUAL RESIDENCE (Vo. STATE Maryl)		lived. If institut b. COUNTY		,
b. CITY OR TOWN (II RURAL and give no	f autside corporate limi parest lown) TOWSO		c. LENGTH OF STAY IN	11ь	c CITY OR TOWN (II	outside corpor		WSON	ve neorest tawn)
	AL (If not in hospital, g	ive street o) oddress)	1	d STREET ADDRESS	Hlenar	m Road	MOOII	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sister Ma		Middle oseline Rie	ner	Lost	4. DATE OF DEATH	Man.		Day Year 11 19 59
5 SEX Female	White	WIDOWE		o J	ate of Birth une 7/1 92		9. AGE (In years lost birthday) 60 yrs.	Months D	YEAR IF UNDER 24 HRS Days Hours Min.
100 USUAL OCCUPATION during most of work	ON (Give kind of work or sing life, even if retired) 1"	ione 10b	KIND OF BUSINESS OR		Philadel	phia, F			S.A.
13. FATHER'S NAME			•)	MOTHER'S MAIDEN	_			
	n Riemer					Miller			
15. WAS DECEASED EVEL (Yes. no or unknown)	R IN U. S. ARMED FOR: (If yes, give war or dates of si		SOCIAL SECURITY NO	17. I NFO Sis	ter II. Pet	er Four		otch C	Sliff, Id.
PART I: DEA 151 X Conditions, if or gave rise to in cause (o), stoting lying cause lost.	the under: DUE TO	Me	tastasis of	lun					interval between onset and death yrs.
САТІС			ONTRIBUTING TO DEATH					VEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
_ l	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yes		NJURY OCCURRED 2	Oe. PLACE	OF INJURY (Home, fai street, office bldg., e	rm, 20f. (City		(Co	ounly) (State)
21. I certify the alive an	at lattended the	192	onnell M.D.			OAM, from	the causes of town,	and an the	ist saw the decease date stated above DATE SIGNE 1/11/59
220 BURIAL, CREMATIO REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR	1-13-	5 9 901	-	RIA	CEM.	NOTE BY REGIST		STRAR'S SIGN	CUISCH MC

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer may be retainty the hospital or attending physician.

O FUNERAL L. HOR: After this certifical has been signed by the attending physician and campletely filled in by page 3 should and detached far use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. may be retail TO FUNERAL D

Page 4

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CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Moetside corporate limits, write RURAL and give nearest town) RURAL and give neares () own) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE **ORANSTITUTION** ON A FARM? YES NO Z NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) DEATH 190 5 SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH Months Days Hours WIDOWED ITL DIVORCED [yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (5)éte or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 443X **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO C. 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (Sigle) Hour a. n. factory, street, office bldg., etc.) While Not white at work at work 21. I certify that I attended the deceased fram, ., 19, 1-2, that I last saw the deceased alive on and that death accurred at 18 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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eral director, be filed with	1	1 - E)
led in the fun s l and z should		.7	4
ending physician and campletely fill lease remove carbon papers. Pages	thin 72 haurs ofter death.)
reto med by the haspital or attending physician. **ALC CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, shaule be filled in the certificate has been signed by the please remove carbon papers. Pages I and Z should be filled with	e registrar priar to burial, cremotion, or remaval, and in any event within 72 haurs, A		3
may be reto med by the haspital or attending pl 10 FUNERAL COST. After this certificate has page 3 shaule detached for use as the buria	the registrar priar to burial,		***************************************

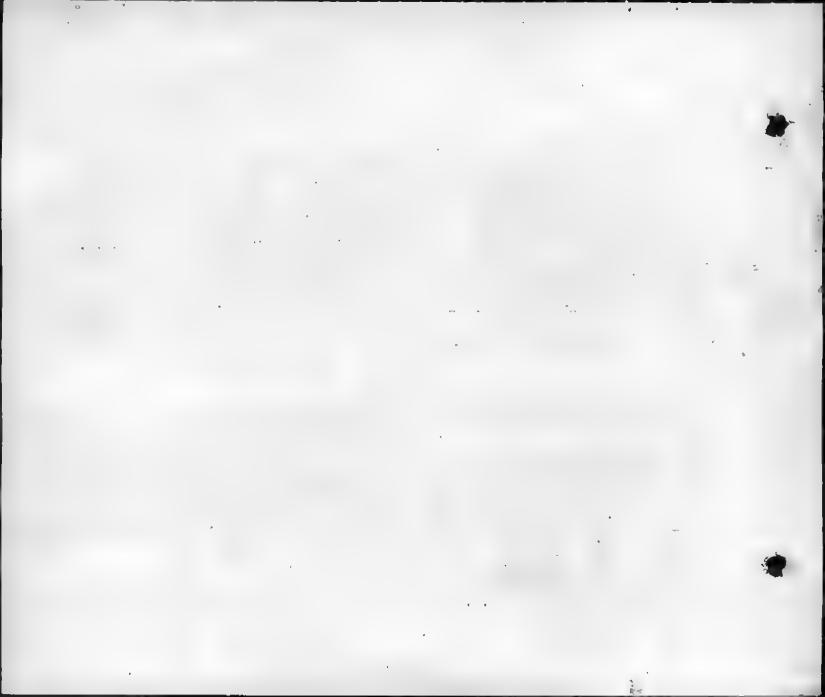
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

		÷	358	CER	TIFIC	ATE OF L	DEATH			Reg. Dist	. No.	
1,	PLACE OF DEATH o COUNTY	BA.	LTO.	M	ARYLAND	2. USUAL RESI a. STATE	MD.	ere deceased l	ved. If institution b. COUNTY	BA A		ilssion)
	B. CITY OR TOWN (RURAL and give in	If outside corpo earest town) NS 1/4		e. LENGTH OF ST	TAY IN 1b			M S V /	e limits, write R	URAL and gi	va nearest to	wn)
	OR INSTITUTION			net address) NG HOME		d. STREET A		LTON	AVE		NO N	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)		First FEL	511	idle PSO	N Res	ii Bents	4. DATE OF DEATH	Mon JA A	1. 1	Day 3	Year 59
	SEX F	W	WIDO		RCED 🔲	MARCH	25,11	77	AGE (In years last birthday)	Months I	YEAR IF UN Days Hou	rs Min.
	during most of wor	ON (Give kind of king life, even in the life)	f retired)	Ob. KIND OF BUSINES			7	ENN	* *	12. CITI	ZEN OF WH	AT COUNTRY
				IMP50.		14. MOTHER'S		OLL1	E Bi	ROWI	V	
15 (Y	WAS DECEASED EVE	ER IN U. S. ARA (If yes, p.yg., p.mee		16. SOCIAL SECURITY	NO. 17. I	hormant	on K	Obert	2-204	L Hill	on a	ve.
	PART I. DEA	ATH [Enter onli ATH WAS CAUS IMMEDIATE C	ED BY:	r line for (o), (b), and	(a)]	Occu	lsi	Dr.			and the second	BETWEEN DEATH
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7	lying cause lost.	the under-	OUE TO	Hejpa	flus	<i>Lion</i>	•				pa	2.
FICATION				IS CONTINUTING TO					ONDITION GIV	'EN IN PART	PER	S AUTOPSY FORMED?
AL CERTH	20a. ACCIDENT WA	G CAUSE OF	DEATH MINER)	PESCRIBE HOW INJUR		·						
MEDIC	20c. TIME OF INJUI Hour o. m. p. m	ty Manth, D	Wh	I. INJURY OCCURRED III Not while wark at work	20e PL	ACE OF INJURY (ctory, street, office	(Home, form, e bldg., etc.	20f. (City o	r town)	(C	ounly)	(Stole)
	21. I certify the	not I offend	ed the dece			accurred at	4,40 (,,	that I k	ast saw the date sto	e decease ated abav
	ACTUAL SIGNATURE	Polin !	new	r Yorl-		мо	a di	ADDRESS (Street	et, city of town.	stolet, Car	moi	DATE SIGNE
	PHYSICIAN'S NAME (Type)	reth	ert) e e	Fo	Rt.			*** *** ** *** *** *** *** *** ***			
22	a. BURIAL, CREMAT C	22b. DATE	7-59	ZZE NAME OF C	EMETERY O	R CREMATORY	v	/c	3 les		h	iotel)
23	FUNERAL DIRECTOR	SSIGNATURE	& Hom	e- Catone	velle	med.	240. REC'E	2 9 '59		STRAR'S SIG		

Baltimore, Md.

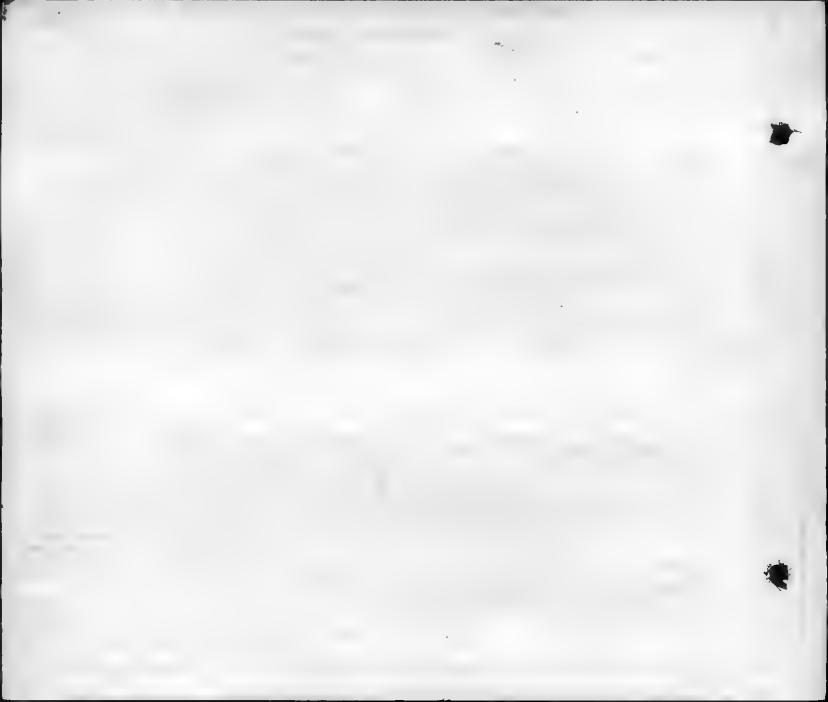
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ATE OF DEATH	R	eg. Dist. No.
2 USUAL RESIDENCE (Who o STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)
	etside carparate limits, write RUR/	AL and give nearest town)
BALTIN	CRE "	
d STREET ADDRESS	JEST CROSS STREE	ON A FARM? YES NO TO
ROBERTSON, JR	4. DATE Month OF JANUAL	Y 18 19 59
AFRIL 25, 190	lost birthday) M	UNDER I YEAR IF UNDER 24 HRS onths Doys Hours Min.
OUSTRY 11 BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTRY
VY BALTIMURE,	MARYLAND	U.S.A.
14 MOTHER'S MAIDEN N	AME	
ANNA MAY	LUKIN	
INFORMANT	Address	
CLIN REC VET A	DM HOSP FT HOW	MARD 11D
VER		ONSET AND BEATH
JT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES TO NO
RED (Enter nature of injury in P	ort 1 or Fort II of item, 18)	
	\$	
PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
7. 1959, to Jan	uary 18., 1959 H	567 TIGNEW 1507 EEFE
th accurred at 5:00 p	M. from the causes and	on the date stated above
	DDRESS (Street, city or town, stat	
M.O VAH, FORT H	OWARD, MACYLAND	1/19/59
VAH, FORT HO	WARD, MAPYLAND	
OR CREMATORY	22d. LOCATION (City town, or co	
ational Cem.	Baltimore, Mar	
24a. REC'D	BY REGISTRAR 24b. REGISTRA	



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director, and with	1, 1	COUNTY Baltimor
funeral director	1	CITY OR TOWN (If outside corpayate limits, v RERAL and, give-nearest town)
s after de fun ? should		d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION
24 hours		NAME OF First DECEASED (Type or print)
I the death certificate be executed within 24 has the attending physician and completely filled in Then please remove carbon papers. Pages I and vent within 72 hours after death.	5. 5	0441
death certificate be executed the standing physician and complet please remove carbon papers. within 72 hours after death.	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ion and corbon offer d	13.	FATHER'S NAME
physical phy	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES
oth ce iding ose re in 72		18. CAUSE OF DEATH [Enter only one couse
it the death the attendit Then please		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
y the cyline cyl		DUE TO
guires the		Conditions, if any, which by the gove rise to immediate (
signe i per d in		cause (a), stating the under. DUE TO lying cause lost.
ing physicion. ite has been si burial-transit removal, and	NOL	PART II. OTHER SIGNIFICANT CONDITI
ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the bispilate that physician and completely filled in by tuneral director. Strate this certificate has been signed by the attending physician and completely filled in by tuneral director, detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with 10 burial, cremation, ar removal, and in any event within 72 hours after death.	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICal or oth this certification, remotion,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour e. m. p. m. 19
ENDING PR		21. I certify that I attended the dealive on A. A.
		ACTUAL R. M. 7.
retai Al houthout		PHYSICIAN'S A.M. F.
nay be may be poge 3 s	220	BURIAL, CREMATION, 226. DATE THEREOF
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L	360	CERTIFICA	AIE OF DEATH		Reg. Dist. No.	
1.	PLACE OF DEATH COUNTY Baltimore.	MARYLAND	2. USUAL RESIDENCE (When a STATE MAYY	deceased lived. If Institution b. COUNT	ution Residence before admission) IY Baltimo	re
	b CITY OR TOWN (If outside corporate limits, write c LENG REAL and give-neares form)	12 Y FS,	c. CITY OR TOWN (1) out	side corporole limits, write	RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDEN ON A FAR YES NO	RM2
3.	NAME OF DECEASED (Type or print)	Ann	Rosian	4. DATE MOF DEATH JAN.	ionth Day Year	4.40
5.	6. COLOR OR RACE 7. MARRIED N	DIVORCED	June 13 19	9. AGE (In year last burthday)	Months Days Hours A	4 HRS Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if relired)	BUSINESS OR INDU	STRY 11 BIRTHPLACE (SIOTO OF	r foreign country)	12 CITIZEN OF AVHAT, COL	UNTRY
13.	Conn Donald Ros	ier	DOTIS	Sutto	n.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ECURITY NO.	rs: Jalmado	e Booker.	Parkton Ma	1. R.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b) and (c).]	1		INTERVAL BETWE	EN ATH
	Conditions, if any, which) (b)					
	gove rise to immediate cause (a), stating the under: DUE TO Due To Due To Column Colu					
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION O	PERFORME	OPSY D?
CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	O (Enter noture of injury in Pa	ort 1 or Part (t of stem 18)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF Hour e. m. 19 White Not at work of the process of the proce	whilefo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f (City or town)	(County) ((Stole)
	21. I certify that I attended the deceased from		1944, 10 5		That I last saw the dec	
	ACTUAL SIGNATURE R. M. France	and that death		DORESS (Street, city or low	and an the date stated on, stote) DATE:	
L	PHYSICIAN'S A.M. FRANC					
22	THE JIST 1/15/59 M.	iddle bu'y	Cemelery	Free and	1. Rd.	
7	Jacob Howler Llin Hen F	readon,	Per, DATIAN		SISTRAR'S SIGNATURE	
11	/	_			The state of the s	



59

10

Doys

(County)

USA

INTERVAL BETWEEN ONSET AND DEATH

Vr'8

yrs.

(State)

DATE SIGNED

(Stote)

Md.

PERFORMED?

YES NO TO

filed with PLACE OF DEATH **b.** COUNTY Baltimore b CITY OR TOWN (If outside corporate limits, write Reisterstown d NAME OF HOSPITAL (If not in hospital, give street address) Piney Grove Road 2 NAME OF DECEASED (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last birthday)
64 yrs B DATE OF BIRTH White March 2.1894 Months Male WIDOWED 🎮 DIVORCED [10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? death. Maintenance Painter Maryland and ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matilda Pitts Joseph Royston IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No 216-30-5330 Mrs.George Heintzman Reisterstown, Md. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Arterioscleratic C.-V. - Disease DUE TO Cirrhosis of liver Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the under-Chronic Nephritis lying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY none 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) BORB 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED none, street, affice bldg., etc.) D. m. Not while none of work of work 1-13-59, 19____,that I last saw the deceased 21. I certify that I attended the deceased from 3-22-56 ____, 19_____, and that death accurred at 4:30P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE MD 6 Hanover Rd. PHYSICIAN'S D. D. Caples, M. D. Reisterstown, Md. NAME (Type) O FUNER 270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Jan.16.59 Black Rock Cemetery Butler 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE J.F. Eline & Sons Reisterstown, Md.

Page

V5 A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00352

3 NAME OF DECEASED IN WAS ALBERT OF THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE FROM THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 THE TOTAL SCIENTING TO DEATH BUT NOT THE TOTAL SCIENTING TO DEATH SCIENTING TO DE		362	OLIVIII 10.	ALL OF DEATH	Reg. Dist.	No.
RURAL ond give neorest form. A NAME OF HOSPITAL (If not in hospital, give street oddress) A. STREET ADDRESS	1,	PLACE OF DEATH a. COUNTY Boltimare	e MARYLAND	2. USUAL RESIDENCE (Where decease of STATE MONVIONE		before admission)
OR ASSISTANT FINAL AND EXPLOSE AND EXECUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, DETECTION OF COURTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, DETECTION OF COURTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, DETECTION OF COURTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10, DETECTION OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Hem 18) TO STAND OF ACCIDENT WAS UNDERSTRING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of i		b. CITY OR TOWN (If oulside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corp	orale limits, write RURAL and giv	e nearest fown)
DECEASED (Type or pint) Deceased Color or race Color or		d NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION 4215 Thornolis	dress) FF Rd	1 1	rneliff Rd	e IS RESIDENCE ON A FARM? YES NO P
Male White WIDOWED DIVORCED Feb. 5, 1878 Iost Strikdoy Months Days Hourn Minds Days	3	DECEASED 14/	Ernest	77 / / OF		ni ca
JOS ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. To ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. The How of the Hour of the House of		Male White WIDOWED	DIVORCED [Feb. 5, 1878	lost birthday) Months D	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address Mone Caroline Rudolph 42.15 Thornol/III Retween only offend unrusy None Caroline Rudolph 42.15 Thornol/III Retween Ones of death unrusy None Caroline Rudolph 42.15 Thornol/III Retween Ones of death Einter only one couse per line for (o). (b). and (c).	Ĵ	Tore Reper Gauger U.	HD OF BUSINESS OR INDU 5, GOVERNME	nt Balto, 1	country) 12. CITIZI	4.4
It yes, give and or dates of service) None Caroline Rudolph 4215 Thornolff Re		Ernest 7	udolph	Unknown	Unknown	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (a), stoling the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital PRESCORMED TEST OF CONTRIBUTION OF CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER 19	15	es, no. or unknown) [If yes, give war or dates of service)	None Co	1 11	Address 4215 Thori	ndiff Rd
Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse last. Part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(o) 19 Was Autor Performed to Contributing Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contributing Contribution C		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ocelusion		INTERVAL BETWEEN
Cause (a), stating the under lying cause last. Part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(a) 19 WAS AUTOP PERFORMED YES NO		Conditions, if any, which)	teroisclero	otic vascular di	sease	Lugrs.
20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY Home, form, factory, street, office bldg., etc.) 20f. (City or town) (Ste decree of the course of injury in Part I or Part II of item 18) 21. I certify that I attended the deceased from 20e. PLACE OF INJURY Home, form, factory, street, office bldg., etc.) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) (Ste decree of the course) 20f. (City or town) 20f. (City or	7	lying cause last. DUE TO (c)				
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of the deceased from 19 While of the deceased from 19 W	40					PERFORMED?
21. I certify that I attended the deceased from 4-30- 19:4 to 1-1- 19:9, that I lost saw the deceased alive an 19:59, and that death accurred at 9:30p M, from the causes and an the date stated ab ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE PHYSICIAN'S Dr. Ricillad . Riler		206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Pa	rt II of item 18)	
alive an 1219, 1959, and that death accurred at 9:30p M, from the causes and an the date stated ab ADDRESS (Street, city or town, state) DATE SIGNATURE PHYSICIAN'S Dr. Richard. Aller 270. BURIAL CREMATION, PEMOVAL (Specify) DUYIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 1 -23-59 270. BURIAL CREMATION, PEMOVAL (Specify) DUYIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNATURE 270. BURIAL CREMATION, 275, DATE THEREOF ADDRESS (Street, city or town, state)	MEDICA	Hour a. m. While	Not white to	ACE OF INJURY Hame, form, 20f. (Cit ctary, street, affice bldg., etc.)	y or town) (Cou	nty) (State
ACTUAL SIGNATURE PHYSICIAN'S Dr. Rici rd RI ler alto u, a. 270. BURIAL, CREMATION, 275. DATE THEREOF AME OF CEMETERY OF CREMATORY BEMOVAL (Specify) And 24, 1959 Loudon Park Baltimore Md,					, 1909, that I last	t saw the deceas
120. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) BUYIAL Specify Jan. 24, 1959 LOUDON Park Buttimore Md,		ACTUAL VICE CO	ly	ADDRESS (Streel, city or town, state)	DATE SIGN
Burial Jan. 24, 1959 Loudon Park Baltimore Md.			. Al lor	.alto), . u.	
23 FUNEDAL DIDECTOR'S CICNATURE / ADDRESS	_	Burial Jan. 24, 1959	/ / -	Park 228 LOCA	R. H.	A A A
23. PUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS		ATURE



FOR STATE HEALTH DEPT.

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1

s necessary, please your files, tooks of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is execute the profificate, writing the ward "pending" in pendil is flem, 18. Give Pages 1, 2, and 3 to the funeral a should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL "LECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2-57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 200 Reg. Dist. No.

00353

1. PLACE OF		UU		2. USUAL RESIDENCE (V	Vhere deceased I ved. If institution.	Residence before admission)				
o COUNT	Balt	imore	MARYLAND	D. STATE 17d	P COUNTAGE	Ito.				
	TOWN (It outside corporate to		c. LENGTH OF STAY IN 16		outs'de corporate limits, write RUR	- and Collisions death				
	neorest tewn) Lice in Arbu	tus 29			. Arbutus 29. D					
	OF HOSPITAL OR INSTITU		ito), give street address)	/ d. STREET ADDRESS	• 1.1 L 10 15 L/ 1 L	& IS REJIDENCE				
	lltens Ave			/	ns Ave	YES NO				
3. NAME OF DECEASED (Type or pr	int) 7.0 mm	Frat	Middle	Losi	4 DATE Month OF DEATH Jan 8	Doy Year				
5. SEX	. 0001,0	C. Ruehl			0 011	· · · · · · · · · · · · · · · · · · ·				
			NEVER MARRIED 8		Book brokkeland	NOER TYEAR IF UNDER 24 HRS				
11a	le White	WIDOWED		oct. 11,1382	/O yes					
		work done 10b. Ki	NO OF BISSINESS OF INDUST	RY 11 BIRTHPLACE (Stote	or foreign country)	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S	NAME Thu	Ke R	iehl	14 MOTHER'S MAIDEN N	cenkum					
15. WAS DEC	EASED IVER IN U. S. ARA		OCIAL SECURITY NO 17. II	FORMANT	Address					
	[You no. or withness] (If you give were as dates of service) Goo. C. Richl Jr Tan levoud d.									
18 CAUS	E OF DEATH [Enter only	one cause per line fo	or (o), (b), and (c)]			INTERVAL BETWEEN				
PA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Car Lac Cail are									
42	12,1 0	ue to								
	ins, if ony, which }	(b) Ar	tario sclaroti	.c cardio vas	cular disease					
	to immediate couse (UE TO								
cause la		(c)	General aliz.	i arterioscl	erosis					
CATION	RT II, OTHER S GNIFICAN	T CONDITIONS CO	NTR BUTING TO DEATH BUT N	OT RELATED TO THE TERMI	nal disease condition given in	PART 1(a) 19, WAS AUTOPSY PERFORMED?, YES NO.				
E 20a. EXTE	RNAL CAUSE WAS OF CONTRIBUTING THE F DEATH.	206 DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Part	Lor Fort II of item 18)					
20c. TIME	OF INJURY Month, D	While	Not white	CE OF INJURY (Home, form ory, street, office bldg., etc.)	20f. (City or fown)	(County) (State)				
The state of the s				ve held an Autans	, Inspection , In	equiry (a), and in my				
			ouses . Accident [
Ориноп	deam resulted in	ni: Naibraice	oses Ha. Accident	, Suicide [, r	Tomicide, Ungetermin	ned manner 🔲				
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED										
SIGNATI	JRE	. /	<i>U</i> • • • • • • • • • • • • • • • • • • •	_ M.D.						
EXAMIN	ER'S	M 772 - D	0 - 11 D	ASSISTANT MEDICA		0 1000				
NAME (7		• M. Kief		DEPUTY MEDICAL E		8,1959				
RESIOVA	CREMATION 22b. DATE	V/59	Lay Lon Cour	Comment	3800 Freebrech	Tol Mil				
23 EUNERAL	DIRECTOR'S SIGNATURE	, ,	ADDRESS	24or REC'U		'S SIGNATURE				
Fac Go	7.00	tome (towill	m	a O et	2 K 111A				
10000	unesco 1		MILLETVINO O	DATE IN	15'59 6'6'1					



FOR STATE HEALTH DEPT ector Page your files.

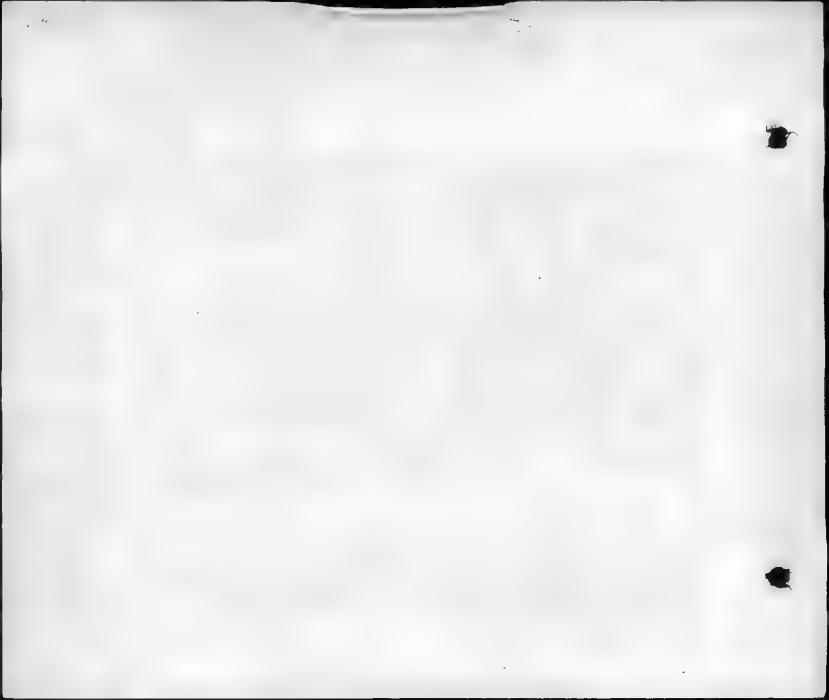
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00354

Reg. Dist. No.

		LACE OF DEATH.	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)	
	0	COUNTY 13A L +0 MARYLAND	O. STATE MC BALT, MORE	
	b.	. CITY OR TOWN 1 outs de corporate firents, write PURAL ond give negres) (own)	c. CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest lown)	
		MILLESEX 6 MO.	X Middlesex	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d STREET ADDRESS IS RE' DENCE	
r)			749 MILLESEX Pd YES NO ET	
		NAME OF First Middle	Last 4 DATE Month Day Year	
		Type or print) Charles John	SANDA DEATH JAN 4 1959	
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	lost buctode 1	
	-	MALE WHITE WIDOWED DIVORCED 1	94927 1887 7/ yrs Months Doys Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?			
		LABURER LUDUSTRIAL	- MARYLAND 4.J. H	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
\	Nohn P SANDA UNKNOWN			
1	15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no. or you mount) Iff yes, give wor or doller of society 1. 1. 1. 1. 1. 1. 1. 1			
		NO NONE 217-10-2372	FRANKRUIN 749 MiddLESEXRd	
	18. CAUSE OF DEATH [Enfer only one couse per line for (o), (b) and (c),] INTERVAL BETWEE - DISSIT AND OFATIS			
PART 1. DEATH WAS CAUSED BY: DRONBhog-INIC CA. Of GUING 6-8 N			NIC CA. 0+ 6-4116 6-8 M.	
		DUE TO		
		Conditions, if any, which) (b) C GONERALIZED	Metastasis	
		gave rise to immediate couse (a) stating the underlying DUE TO		
		couse lost. (c)		
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART 1(6) 19. WAS AUTOPSY PERFORMED?		
*	3		YES NO [A	
	CERTIFICATION	PRIMARY LI OF CONTRIBUTING LI	nter nature of injury in Part I or Part II of Item 18)	
		CAUSE OF DEATH.		
	WEDICAL	20c. THE OF INJURY Month, Doy, Year 20d. INJURY OCCUPRED 20c. PTAC	E OF INJURY (Hame, form, 120f. (City or town) (County) (State) ry, street, affice bldg., etc.)	
	MEG	P. m. 19 of work of work		
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry and in my		
		opinion death resulted from: Natural couses 🗹, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲		
	DATE SIGNED			
		SIGNATURE // / / / AVS	M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S M.B. DAVIS M. DEPUTY MEDICAL EXAMINER D			ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D	
	220	220 BURIAL CREMATION, 276 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote)		
	-7	DURIAL Specify 1-7-54 BETHEL	- WALStons Md.	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE	
	1	JULLOWAY CO SOLIS BURY A	1 d. DATE JAN 8 '59 July S. Fliance	

TO DEPUTY MEDICAL EXAMINER: This certificale should be executed within 24 hours after death. If any delay is, execute the fiscate, writing the word "pending" in pendit in flem 18. Give Pages 1, 2, and 3 to the funeral 4 should by worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL N. E@IEMS: "mgo I smooth be retained as the E@IEMS: "mgo I smooth be state 6 as the Best I may be retained by the State 6 as the Best I may be retained as the Best I may be retained to be set in the State 6 as the Best I may be retained to be set in the State 6 as the Best I may be retained to be set in the Best I may be retained to be set in the Best I may be set in the VS ATSME 5M 2/57



cause (o), stoting the underlying couse lost.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour a. m. p. m.

2,that I last saw the deceased 21. I certify that I attended the deceased from alive on_ and that death occurred at. M, fram the causes and an the date stated above. DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

Burial

CERTIFIE

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemeterv

22d. LOCATION (City, town, or county)

Baltimore, Md

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Catonsville, Md. 24c. REC'D BY REGISTRAR

DATEN

24b. REGISTRAR'S SIGNATURE

TO FUNERAL I VS A15 (4) 15M 9/55

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popers. compl

ony permi gned

remayal,

burial-transit

1000

a. COUNTY

NAME OF

5. SEX

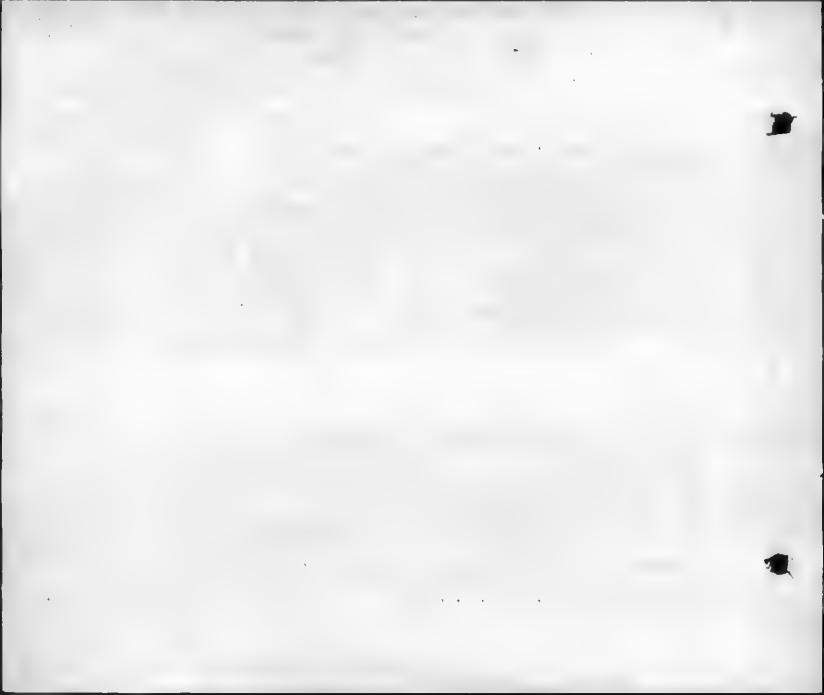
DECEASED

(Type or print)

Male

No





0035,7

Pag	Diet	No

	36	7	CERTI	IFIC/	ATE OF D	EATH				Reg. D	ist. No		
1 PLACE OF DEATH o. COUNTY	Baltimore		MAR	rland	2. USUAL RESID	ence (Whe	_		instituti DUNTY	on Reside	ince befo	re admiss	(on)
b CITY OR TOWN	(If outside corporate I m	ets, write	c LENGTH OF STAY	IN 1b	c CITY OR T			rote limits,	write R	URAL ond	give nec	arest town	1)
Fort Ho			14 days		Re	altimo	1220		05 .				
d NAME OF HOSP	TAL (If not in hospital,	give street			d. STREET AL)I.e			-		e. IS RES	IDENCE
or institution Veterar	ı <u>ıs Administ</u> ı	ation	Mospital		4700	Chat	ford	Avenu	le				FARM?
3. NAME OF DECEASED	Fi	rst	M ddle		Last		4. DATE OF		Моп	th	Do	y '	Year
(Type or print)	JOHI	J	F.	SC	HMELZ		DEATH	Janu	lary	17	7	1	1959
S SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRI	ED 🗍	8 DATE OF BIRTH			9 AGE (Ir	yeors		RIYEAR	IF UNDE	ER 24 HRS
Male	White	WIDOW	DIVORCE	:o 🗆	9/13/91			last birt	hdoy) yrs.	Months	Doys	Hours	Min.
10a USLAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS O	OR INDU	STRY 11. BIRTHPL	NCE (Stole o	or foreign c	ountry)		12 CI	TIZEN OF	WHATC	OUNTRY?
Foreman	rking life, even if retired		Lto.Gas &L	i ch+	Co Poli	imore	Mos	erlowe		7	J.S.	A	
13 FATHER S NAME	2 100	mor.	LUU-UAS CLL	rgiio	14 MOTHER'S			ATalio			JaD al	10	
Henr	y Schmelz				Ca	rolyn	ı M	l: Uk	now	n			
15 WAS DECEASED EV	ER IN L 5 ARMED FOI		SOCIAL SECURITY NO). I	INFORMANT				Add				
Yes	(If yes, give wor or dates of		12-05-71.06	ICT.	in Record	e Vat	e Adm	Hoer	4+0	+ध र	Нотт	and 1	6 3
	ATH Enter only one to					NO TO I			-Livel	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	INT	ERVAL BE	TWEEN
	ATH WAS CAUSED BY			4	A 11777700 17	TA TOTT STOR	WITH		~			ET AND	
	IMMEDIATE CAUSE (MOUS CARC	LHUY	A, HYPOPE	IARY IVX	A LIBATA	STASI	<u>S</u>		_UI6	ar 1	Mon
147 X	DUE TO)											
Conditions, if)(_		+		
couse (a), sloting		>											
lying couse lost)									_ _		
PART II. OT	THER SIGNIFICANT CON			ATH BUT	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITI	ON GIV	'EN IN PA	RT 1(o) 1	PERFO	RMED?
20n ACCIDENT W	AS UNDERLYING		FEST FOOD	COMPRE	ED (Fotor colure of	n urv in P	ort Los Pos	t L of stem	18.1				110 [3]
OR CONTRIBUTION ■ OR CONTRIBUTI	G CAUSE OF DEATH Y MEDICAL EXAMINER	100 000	CRIOC FIGH HAJORI C	CCONN	Co feller injure or		011 1 01 1 03		10 /				
	RY Month, Day, Ye	as 201 16	NJURY OCCURRED	20a Pt	ACE OF INJURY (H	lama farm	700E (City	or town)			(County)	_	(Stote)
Y 20c. TIME OF INJU		While	Not while		clory, street, office			Ot JOSENIA			(Connia)		(21016)
	19 17 A	of wor	treat hard				1						
21. I certify t	hat X aftended the	deceas	ed from Janua	iry	3_ , 19.59_	, tay an	uary	17	959.	rhatxadd	OKKOD	Other	ECODOC
	XXXXXXXXXXXX												
			-					treet, city o					E SIGNED
ACTUAL SIGNATURE	Harred	11.0	J. amea		M.D VAH	FORT	HOLIA	RD, M	ARY	LAND		1/17	/59_
PHYSICIAN'S NAME (Type)	HAROLD R. J	OHNS	N, M.D.		VAH,	FORT	HOWA	RD, M	A:IY	LAND			
220. BUR.A., CREMAT)f/	22c. NAME OF CEM	ETERY C	OR CREMATORY		22d LOCA	TION (City,	town,	or county)		(Stot	e)
REMOVA. (Specify Burial	1/2/	159	Baltimor	io M	receits		Ral+	imore	M	amrl a	nd		
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	TO IN	4 (10(18) L	24a, REC'D				STRAR'S S		RE	
	PAT. HOME. 53	05 Ha	rford Rd F	Ra7+	o. Md.	DATEN 2				. 2 1			

de Thed with death Page 4 M 50

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours can may be retained. The hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then place move carban papers. Pages 1 and 2 shather registrar priar to burial, crematian, ar remaval, and in any event within 72 hours offer death.

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VS A1S (4) 15M 9/SB

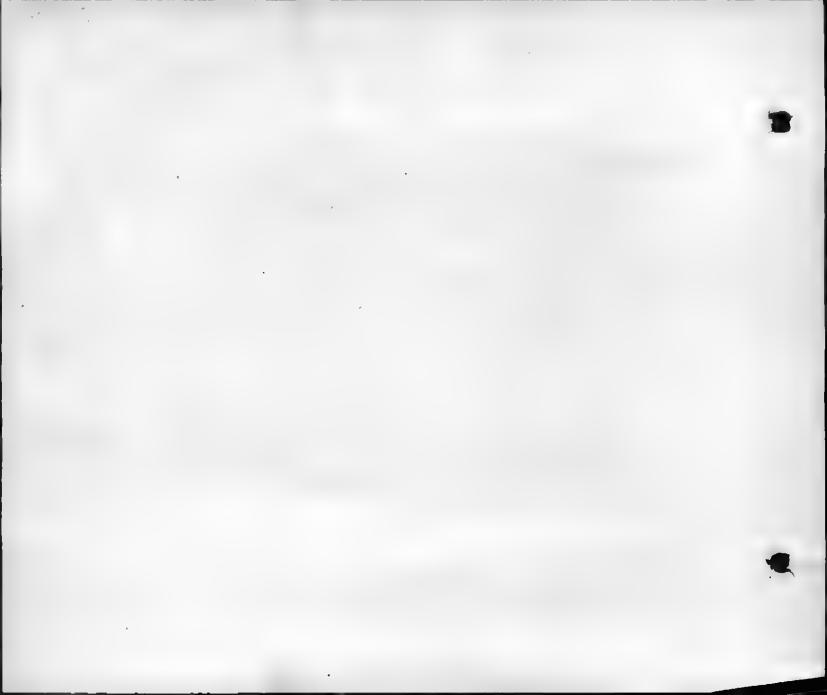




	36	3 CI	RTIFIC	ATE OF D	DEATH	1		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	Baltimor	е	MARYLAND	2 USUAL RESI	ons vi	ere deceased	lived. If institute b. COUNTY	_	ce before		
RJRAL ond give ned	ville		FSTAY IN 16 Life	III		otside corpora	e detat	1 / / / /	//	st town)	
d NAME OF HOSPITA OR INSTITUTION 153	t (If not in hospitol, give s 3 Kirkwood			d STREET A		wood	Road			IS RESIDEN ON A FARI YES NO	
3. NAME OF DECEASED (Type or print)		Lynn Sch		los 1 Z	t	4. DATE OF DEATH	Jan.	11,	1959	Year 19	
F		DOWED D	VORCED		11,	1707	AGE (In years lost birthdoy) yrs	Months O		Hours N	HRS
Manual most of working	N (G ve kind of work done ng life, even if retired) ONE	105. KIND OF BUSI	NESS OR INDU	ISTRY 11 BIRTHPL	44.00	or foreign coo y land	intry)	12 CIT	US!	WHAT COU	JNTR
Rona.ld	T. Schuerh	olz		14. MOTHER'S		iame G. Dui	nphy				
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? yes, give wor or doles of service)	16. SOCIAL SECUR		informant			Add		Pro	ospe	ct
PART I, DEATI	mediate (Dur to	per line for Jo), (b), c	and (c).]	ed. x	`selle	rila	,		INTER	VAL BETWEI	TH
200 ACCIDENT WAS	CAUSE OF DEATH	DESCRIBE HOW IN						EN IN PAR	1	WAS AUTO PERFORMED 'ES NO	D?
TO LIF EITHER, NOTIFY N	Month, Doy, Year 2	Od. INJURY OCCURR /hile Not while t work Ot work		ACE OF INJURY (I	Home, form,	20f (City o	or town)	(0	County)	(5	State}
21. I certify the alive on	21. I certify that I attended the deceased from										
PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION	AFLSON /	ychay.	M.D.	65.14	Lon	CN DSC.			111kin		M
Burial	1-12-59		dowrid	R CREMATORY ZO		E1	kridge	, Md.		(Stote)	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				BY REGISTRA	AR 24b REGI	STRAR'S SIC	4 4		

may be retain.—— the haspital ar attending physician.

O FUNERAL DI OR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld — teached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DI Poge 3 shauld VS A15 (4) 15M 10/57





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No ALTH DÉPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY **b** COUNTY files. Health, MARYLAND b. CITY OR TOWN (If outside corporate I m ts, write RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If autside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS REGID NI E ON A FAPM YES NO NAME OF Middle DATE Morth Year DECEASED (Type or print) // DEATH 195 7. MARRIED NEVER MARRIED 1 8 DATE AGE (in years IF UNDER TYEAR OF UNDER 24 HRS Months Doys Hours WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup 13, FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) SAME ADRES 18. CAUSE OF DEATH [Enter only one couse per line fpf](a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Canditions, if ony, which gave rise to immediate couse **DUE TO** (e), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY D'OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 204. INJURY OCCURRED 214 PLACE OF INJURY (Home, form, 201 20c. TIME OF INJURY Month, Day, Year County tactofy, freet, office bldg , etc) Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy. Inspection [] Inquiry 4 and in my Suicide 1 opinion deoth resulted from: Noturol couses . Accident . Homicide | | Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220-BURIAL CREMATION, 224-tOCATION (City, town-per county) ٩ ٥ ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME



ADDRESS

24a. REC'D BY REGISTRAR

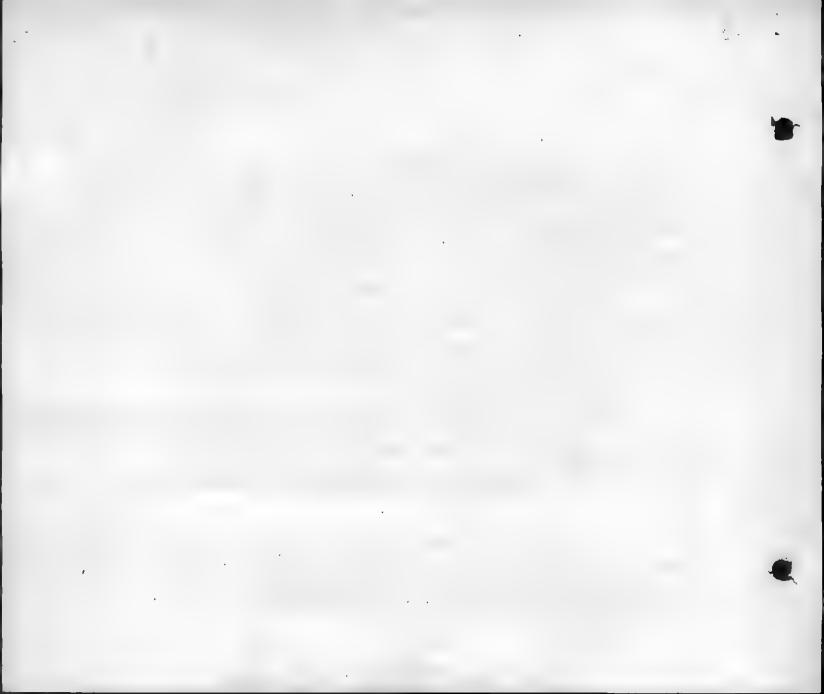
DATE

24b. REGISTRAR'S SIGNATURE

how and I would

VS A15 (4)

Page



may be retained by the hospitot or attending physicion. TO FUNERAL D TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit mermit. Then please remove carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

er death' Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

274 CERTIFICATE OF DEATH 00363

L			Reg. Dist. No.
Ĩ.	PLACE OF DEATH O COUNTY R 1-4 1	2 USUAL RESIDENCE (Where deceated lived If institution, STATE / b. COUNTY	
L	Daltimore MARYLAND	Mary land	Dalli move
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neacest fown)	c CITY OR TOWN (If outside corporate limits, write I	(URAL and give nearest town)
	Catonsville	X Dack MINEY Neck	*
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PAYA dise NIVSING HAME	Box 392 Evergreen	Lane on a farm?
3.	NAME OF DECEASED First Middle	Lost 4. DATE Mor	nth Day Year
	(Type or pr nl) Amelia T	Shorty OF DEATH J	n. 23 1959
5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	Oct. 15, 1878 80 m.	Months Days Hours Min
10	D. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRYP
,_	Seamstress lailoring	Balto, Co. Mi	1 USA
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	11
	Carl Janusch	Unknown Uni	Known
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (11) yes, give wer or dotes of service)	INFORMANT Add	ress 70
L	NO 211-03-0280V/C	5, Anna M. Mijchling Box 39	12 Evergreen Parl
	TB CAUSE OF DEATH (Enter only one couse per line log(o), (b), and (c)]	11 +A DAY F-131-5	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HICKIE I	(Imong) - E-C (Ac)	
	DUE TO HUBBY TRANS	sive Cardio-Varcular	
	Conditions, if ony, which gove rise to immediate (b)		
	couse (o), stoting the under-	Ise hallitue Mi	led
1,	lying couse lost. (c) 1) 7 213 2	7 (5 1/10/11/90) 19/19	<u> </u>
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part It of Item 18)	
Ž	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e Pt	ACE OF INJURY (Home, form, 20f (Çily or lown)	(County) (State)
MEDICAL	Hour o. m. 19 While Not while of work of work	ictory, street, office bldg , etc]	
	21. I certify that I attended the deceased fram.	KC 1000 1/93/28	about I foreign about the street
	olive on 1/2 3/5 4 19 and that death	accused of the Parenth of	,that I lost saw the deceased
	10111111111	ADDRESS (Street, city or town,	and on the date stated above,
	ACTUAL SIGNATURE	MO. 1303 Fregueti	CRRE_
	PHYSICIAN'S W.E M. C-rath	Costons Ville 2	8 190 183/5
27	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY C	DR CREMATORY 22d LOCATION (City, fown.	or county) (Stote)
	Burial Jan, 26, 1959 Zion Evar	n. Lutheran Balton (To Md,
23	FUNERAL DIRECTOR'S SIGNATURE ADORESS 74-0		STRAR'S SIGNATURE
	Jassahn Luneral Home Bal	to GMD DATE JAN 28 '59	ithun I wa

TO HOSPITAL OR VS A15 (4) 15M 9/55



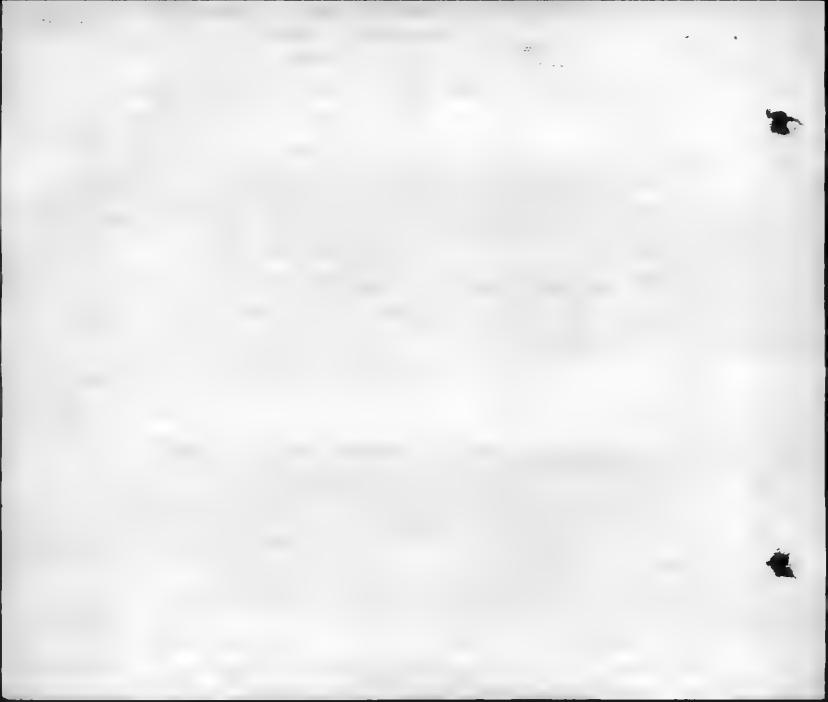
death. Page 4

may be retain. But the haspital ar attending physician.

TO FUNERAL B. DR: After this certificate has been signed by the attending physician and completely filled in by neeral director, page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A1S (4) 1SM 9/S5

		270	CERTIFICA	ALE OF BEATT	Ing. Dist	No.
	1. 6	LACE OF DEATH 3 COUNTY 3 COLUMNAL	MARYLAND	2 USUAL RESIDENCE (Where dec	eased lived. If institution Residence b. COUNTY	before admission)
	ŧ	CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If burside a	carporate limits, write RURAL and gi	ve nearest town)
		S. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	HNES	d. STREET ADDRESS	ood apts	IS RESIDENCE ON A FARM? YES NO
	- 1	NAME OF DECEASED Type or print) First OWN	Middle	Siegel 4. DA		5 1959
	5. S	Male White WIDOWED		8. DATE OF BIRTH		YEAR IF UNDER 24 HRS Days Haurs Min.
1		USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11 BIRTHALACE (State or forei	ign country) 12. CITI	ZEN OF WHAT COUNTRY?
		Hyman Schwartz		14 MOTHER'S MAIDEN NAME	2 ?	
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?	OCIAL SECURITY NO. 17.	rapidal Reco	ords. Address	
		18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	for (a). (b), and (c) Televal T	hrombosis		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause lost.	Hypertinser Co	rdio-Yarcula	7. Disease	10 pr
3	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?/ YES NO Z
		20g ACCIDENT WAS UNDERLYING 20b. DESCE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I o	r Port II of item 18.)	
i	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJ Hour e.m. White at wark	Not while fo	ACE OF INJURY (Home, form, 20f. clary, street, office bldg., etc.)	(City or town) (Co	ounty) (State)
:		21. I certify that I attended the decease alive on January 192		, 1958, to Jonus accurred at 4, 159. M.	,	ast saw the deceased
		ACTUAL Welmer K. Jal	lages		\$\$ (Street, city or town, state)	DATE SIGNED
1		PHYSICIAN'S WILMEY K. G.S.	Mager	Catonsville.	28,7md	
	270	BURIAL CREMATION, 200 DATE THEREOF REMOVAL (Specify) MANA (Specify)	220 NAME OF CEMETERY O	or crematory tery m	OCATION (City, topin, or county)	nd hew you
	23.	FUNERAL DIRECTOR'S SIGNATURE,	ADDRESS V	240 NGC'D BY RI	egistrar 246. Registrar's sigi	NATURE



00365

	275	CERTIFIC	ATE OF DEATH		Reg. Dis	l. No.	V ()
	CE OF DEATH		2. USUAL RESIDENCE (Where	e decensed lived	If institution Pasidance	e before primuses	1
0.0	Baltimore	MARYLAND	o STATE		COUNTY /	o perore dell'insidii	,
R	ITY OR TOWN (If outside corporate limits, write URAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	ide corparate tín	nits, write RURAL and g	ve nearest fawn)	
	Rural: Towson		X1-741/	10	- 14- 14	-	
4 5	NAME OF HOSPITAL III not in hospital, give street of institution Eudowood Sana Towson II, Mary	ortun	d STREET ADDRESS	٧		ON A FA	ARM?
DEC	ME OF EASED WE OF PRINT! TYVEN	Middle <	Tout the	OF DEATH	Month !	Day Yeo	or _
5. SEX	71 6 COLOR OR RACE 7. MARI		B DATE OF BIRTH	9 AG	In adhada a A	YEAR IF UNDER :	24 HRs Min,
10a. U	SUAL OCCUPATION (Give kind of work done 10b. ring most of working life, even if retired)	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole or	foreign country)	12 CITE	LEN OF WHAT CO	DUNTRY
	HERS NAME Walter 5 n	ith	14. MOTHER'S MAIDEN NAV	eth	Rain	10	
	or unknown) [If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Hospital Recor		y Address Iowood Sanat	orium	
18.	CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c)	-+ :-1			INJERVAL BETW	VEEN
	PART I. DEATH WAS CAUSED BY:	HEINEY!	feel du	Class	1.	ONSET AND DE	
	onditions, if ony, which over rise to immediate	ulica The	in lubbre	1/20	0-2-	57:0	j Gra
C	ouse (a), stating the under- ring couse last. C		/				
ICATION	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AU PERFORM YES N	AED7
L CERTIF	O. ACCIDENT WAS UNDERLYING (1) 20b. DESI CONTRIBUTING (1) CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURR	ED (Enter noture of injury in Por	t I or Part II of i	tem 18)		
WEDICA 200	TIME OF INJURY Month, Day, Year 20d, II Hour a.m. 19 While p.m. 19	Not while To	LACE OF INJURY (Home, form, octory, street, office bldg, etc.)	20f. (City or fow	(Ce	ounty)	(State)
21	. I certify that I attended the deceas	ed from 11 11		21	., 19.27,that I le	ost saw the de	ceased
al	ive on # 197	and that death	h accurred at 9720		causes and an th		above SIGNED
	ENATURE DECEMBE.	13. / yeir	M.D Eudowood			1	
N/	YSKIAN'S LME (Type) <u>Filton B. Kres</u> :		Mileta	10/3	hicke	<u> </u>	
RE	RIAL, CREMATION, 226. DATE THEREOF MOVAL (Specify)	- Be Kan 2 Pop	DR CREMATORY 22	d LOCATION (C	City, lown, or county)	(Stote)	
23. FU	BERAL DIRECTOR'S SIGNATURE	ADDRESS	2/ / 240. REC'D B	Y REGISTRAR	24b. REGISTRAR'S SIGI	NATURE	
- Super	- for J. To droughtel	YING doler	26.01.121 DATE 3	'59	Chilling & #	CH4	

may be retoined by the hospital or attending physician.

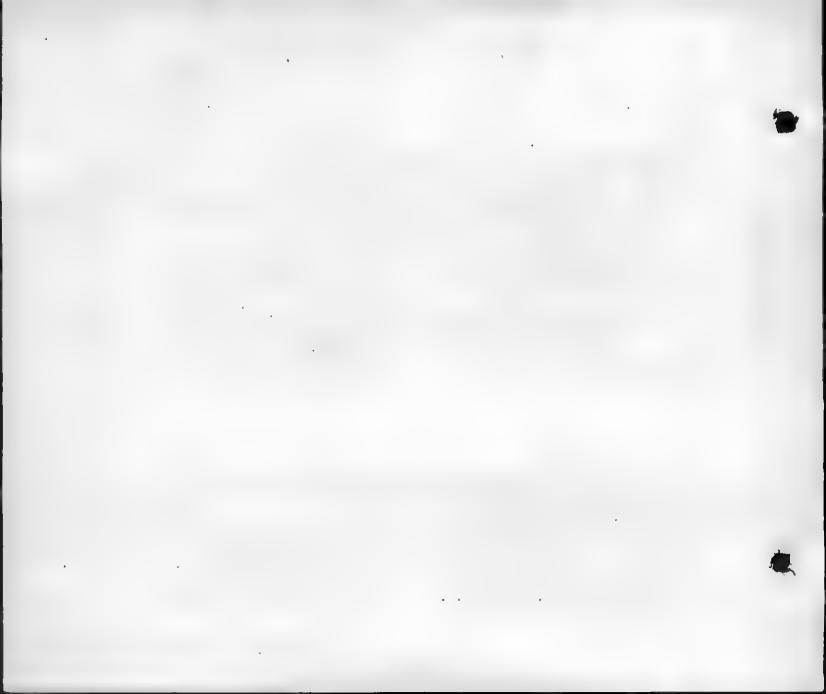
To fluxed the hospital or attending physician.

To fluxed the footbal and 2 should be filled in by including by including by including by including by including the filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 haurs

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death. Page 4

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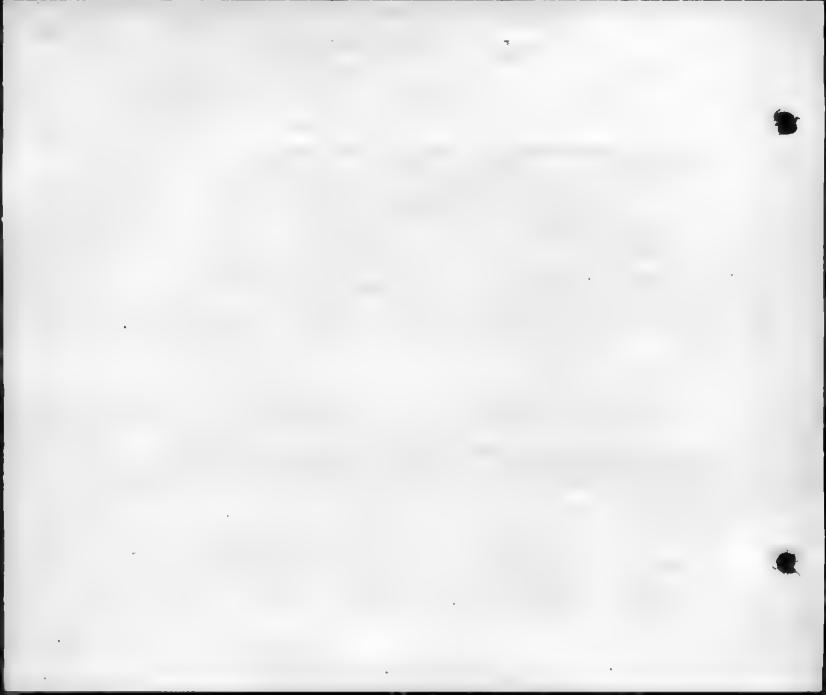
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist, No. 00365

			Kegt Dist;	1401
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Marvland	re deceased lived. If institution Residence bearing Baltimore	pefore admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		ulside corporate limits, write RURAL and give	nearest fown)
Baltimore 27	11 Yrs	C Baltin	ore Halethorpe	
d. NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS		e IS RESIDENCE
2722 Arbutus Road		2722 Arb	utus Road	ON A FARM?
3 NAME OF PIRST (Type or print) ROY	Middle DOTTER	SMITH	4. DATE Month OF DEATH Jenuary -	Day Year 30 1959
5 SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	4 4 4 4 4 4	EAR IF UNDER 24 HRS
Male White Widow	ED DIVORCED	March 22 19	103 SS yrs Months Do	ys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of	or foreign country) Pa 12. CITIZEI	N OF WHAT COUNTRY?
Carpenter S	hip Yard	Maynesboro	Franklin Co	JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Edward H. Smith		Mary	Dotter	
15 WAS DECEASEDEVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	12-10-7619 0	Carrie E Smi		Ave
18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	ne for (0), (b), and (c)]	M.	Beltinore 27 Ma.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse tost. (b)				
PART IT. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 140	PERFORMED? YES NO
	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort t or Part II of item 1B)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town) (Cour	nly) (Slole)
21. I certify that I attended the deceas	ed from Thurs	27, 1958 to 9	an. 30 1959 that I last	t saw the deceaser
alive on Law 26 193		. / .	PM, fram the causes and on the	
ACTUAL CONTINUE CONTI	ossherg		iDDRESS (Street, city or town, state)	DATE SIGNED
PHYSICIAN'S CARTHUR IT	OSSBERG M	1) 13al	temore 30, he	wy lana
220 BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or county)	(Stote)
Burial [2/2/59		emetery	Hagerstown Wash.	Co Md
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246 REGISTRAR'S SIGNA	
Androw K Coffman Ha		DATEFEE	3 2 '59 C 2 10 2 10	relation



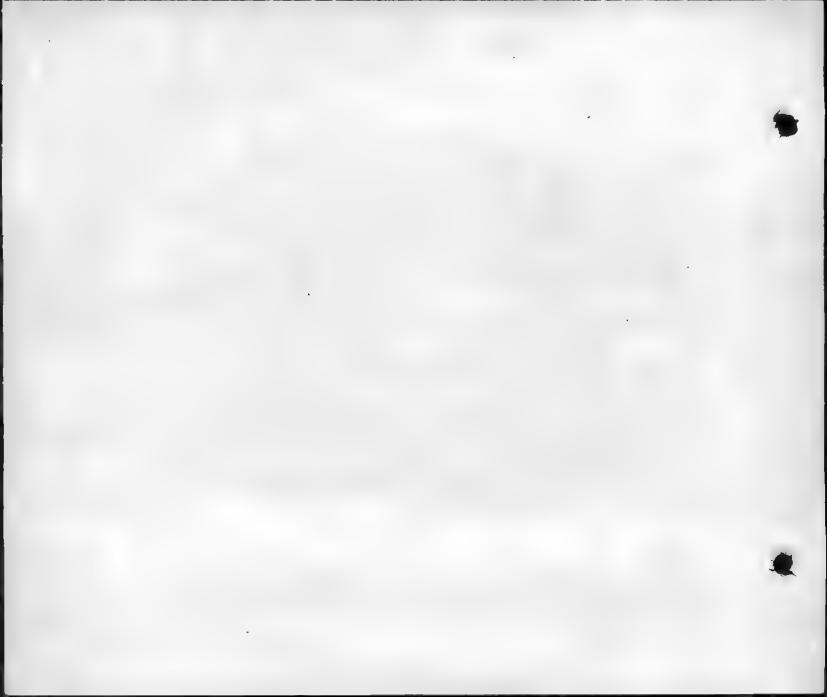
CERTIFICATE OF BEATU

00367

in In	375 CERTIFICATE OF DEATH	g. Dist. No.
	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institutions o. STATE) august b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside gorporate limits, write RURA RURAL and give nearest town)	L and give nearest tawn)
ş	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS J. J	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Anne Middle Solelman OF DEATH An	2 Day Year 8
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF	UNDER I YEAR IF UNDER 24 HR
		12. CITIZEN OF WHAT COUNT
	13 FATHER'S NAME. 14. MOTHER SMAIDEN NAME PLE BOWN Att	, , , , , , , , , , , , , , , , , , ,
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Ruta Hts (
And the same of the same	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: Cerebral + Pet our posis	ONSET AND DEATH
	DUE TO C. 41'	7
	Canditions, if any, which) (b) artarcoseleroses	
	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> (c) DUE TO	
, 2	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN THE PROPERTY OF THE PROPERT	IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work at work	(County) (Stot
	21. I certify that ottended the deceased from	at I lost saw the decea
	olive on 10.57, and that death occurred of 754M, from the couses and	on the date stated abo
	ACTUAL SIGNATURE CONCORDED M.D. 6708 Park Heyhto	AVE. # 15
	PHYSICIAN'S VONAS H. CONEN Bal	to. ml.
	220 BURIAL, CREMATION, 726. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or co	(State)
		R'S SIGNATURE
	Dal Nellagar 9/2005 - 1/24 W. North DATEJAN 27 59	del, i systemania

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 1SM 9/SS



7 _	376 CERTIFICA	TE OF DEATH Reg. Dist. No.	. 0164:
儿"	PLACE OF DEATH o. COUNTBaltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATIATY LAND b. COUNTY CALVETT	ore odmission)
	b CITY OR TOWN (If outside corporate limits, write Cathons villerest town) c. LENGTH OF STAY IN 16 5mo 22 da.	C CITY OR TOWN (If outside corporate limits, write RURAL and give re	earest town)
<i>l</i> - [d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Spring Grove State Hospital	d STREET ADDRESS	e 15 RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) First KATIE Middle ST	CALLINGS OF January IC	5y Y•59
	female white WIDOWED TO DIVORCED	unknown Opirthdoy) Months Doys	Hours Min.
10	p. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	NATYLAND 11. EIRTHPLACE (Stole or foreign country) Maryland 12. CITIZEN U.S.	OF WHAT COUNT
13	PATHER'S NAME Dick Marquess	14. MOTHER'S MAIDEN NAME Sarah Crosby	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	PORMANT Records: Spring Grove State Hospital	L
HON	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Generalized, severe	PERFORMED?
I CERTIFICATION	OR CONTRIBUTING DEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Part II of item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. js. p. m. 19 of work of work Dec 15	CE OF INJURY (Home, farm, 20f. (City or town) (County) Try, street, office bldg., etc.) To Jan 176 59) {Stote
	alive an 16 attended the deceased from alive an 18 and that death a ACTUAL SIGNATURE Decease Race M.	nccurred at 5:00 PM, from the causes and an the do Spring GABOVES SCHIE HOSPITAL	aw the decea ate stated abo Jan ^{pA} [619]
22	PHYSICIAN'S Dr. Bruno Radauskas Burial Cremation, 226. DATE THEREOF 225 NAME OF COMPTERY OF	Catonsville, Md	
1	PLINERAL DIRECTOR'S PISINATURE BURIAL CREMATION, 225. DATE THEREOF 220. NAME OF CENTERY OF THEREOF ADDRESS	22d. LOCATION (City, town, or county) 22dg. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	(Slote)
The same			



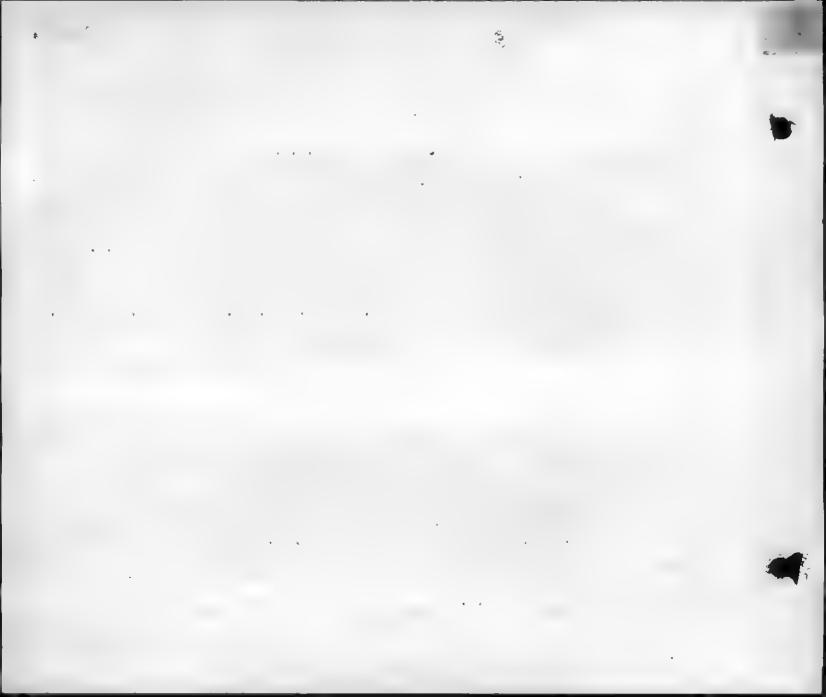
00368

CERTIFICATE OF DEATH

Reg. Dist. No.

	1 PLACE OF DI	EATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution Residen	ce before adm ssion)		
	0. 0001117	Baltimore	MARYLAND	Marvla	nd Geo	ri I		
	RURAL one	OWN (If outside corporate limits, write if give nearest town)	if town)					
	d. NAME OF	Howard HOSPITAL (If not in hospital, give street	JU QAYS	d STREET ADDRESS	n 9/2	e. IS RESIDENCE		
)	OR INSTIT	Veterans Administration Hospital R.F.D. L						
	3 NAME OF DECEASED	First	Middle	Losi	4. DATE Month	Day Year		
	(Type or prin			TERLE	DEATH January 2	20 19 59		
	5 SEX	6 COLOR OR RACE 7 MAR	RIE NEVER MARRIED	B. DATE OF BIRTH	9 AGE (in years IF UNDER	TYEAR IF UNDER 24 HRS		
	Male	White WIDOW		1/28/77	ost birihdoy) Olimpia	Doys Hours Min.		
	10a. USUAL OC	CUPATION (Give kind of work done 10b of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country) 12 CIT	IZEN OF WHAT COUNTRY		
			oal Mining	Carter Cou	ntv. Kentuckv U.	S.A.		
	13. FATHER'S NA			14. MOTHER'S MAIDEN N	- W			
)	James Steele		Louisanna	McKimster			
أور	15 WAS DECEA	SED EVER IN U S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT	Address			
	You con unknown	(If yes, give wor or dates of service)		n Poponda Vot	s Adm Hospital Et I	Jarrand Md		
	Yes			in, necords, veu	s.Adm.Hospital,Ft.H			
		OF DEATH [Enter only one couse per I T I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN		
		IMMEDIATE CAUSE (o)	MOCARDIAL INFA	RCTION		UIIG:O.IN		
	420	O. / DUE TO						
		ns, if ony, which) (b)						
		stoling the under-						
	lying cour							
	Z PART	II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	T I(a) 19. WAS AUTOPSY		
	S CARCII		IL AND GENE ALI			PERFORMED?		
	-		SCRIBE HOW INJURY OCCURRE			100 100		
		BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER]			•			
	20c TIME O Hour			ACE OF INJURY (Home, form ctory, street, office bldg, etc.	20f. (City or town) (C	County) (State)		
	WED	16 7771110	Not while to	and y and any arrive bring , ere.				
					nuary 20, 1959 William			
	2013/6/20		CCCC and that death	occurred at 8:25P	M, from the causes and an th	he date stated above		
		IL Ma TT	· ·		ADDRESS (Street, city or town, stole)	DATE SIGNED		
	SIGNATURE	Via INKANA/		M.D VAH. FORT	HOMARD MARYLAND	1/20/59		
g		VIII II NI BOUT		,	area area a antique estre la figura en estrativa la ser antique la company de la company de la company de la c	or man man man attrasf in the world for agents set in our w		
	PHYSICIAN NAME (Type		M.D.	VAH, FORT	HOMAID, MARYLAND			
	220. BURIAL, CR REMOVAL (22c. NAME OF CEMETERY C	PR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)		
	Remov	$\frac{1}{21/59}$	Williams Ce	metery	Racine, West V	/irginia		
	23. FUNERAL DI	RECTOR'S SUCCESSION OF THE SECTION O	MÓDRESS		BY REGISTRAR 24b. REGISTRAR'S SIC	GNATURE		
	RAHOR	Hicks Rune rail Home	Elkton, Mary	rland DATE	IAN 2 3 59 ('	75. 1A		
				-				

VS A15 (4) 15M 10/57



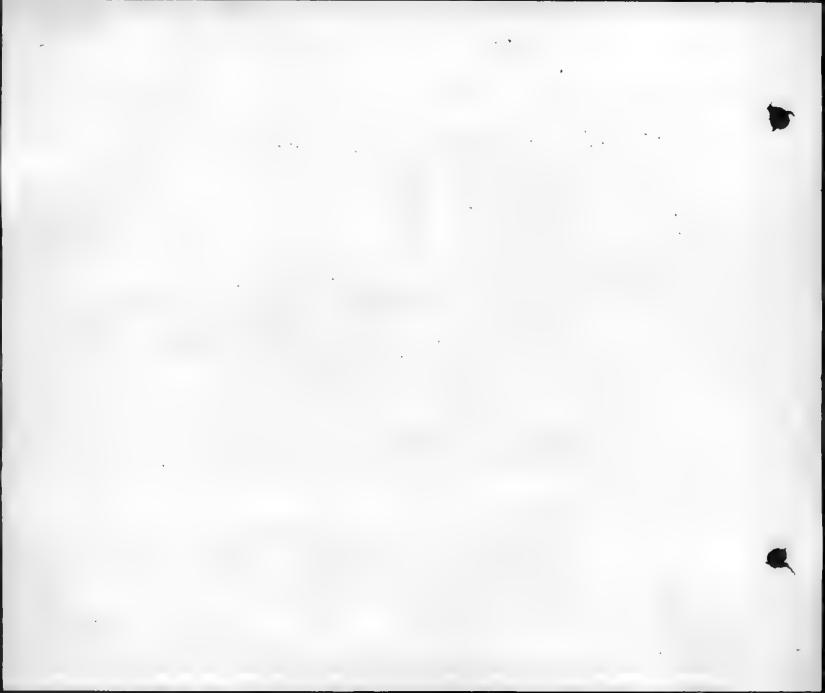
378 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Cled , o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO T 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX P. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during may of working life, even if retired) pup aborer carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician поче . haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 72 altending 05 18. CAUSE OF DEATH | Enter only one cou PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAPHORT NO PRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS'S PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldq...etc.) o. m. s While Not while of work of work 21. I certify that/I attended the deceased from _,that I last sow the deceased and that death occurred at M, from the causes and on the date stated above ö RAL DIT should we istrar prior FUNERAL 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2 23 FUNERAL BIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) Cril . 7 & France DATE JAN 1 9 '59 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUALIRESIDENCE (Where deceased lived if institution Residence before astronger on, o. COUNTY 6 COUNTY MARYLAND E. LENGTH OF STAY IN TO c. CITY OF JOWN (if out 6e corporate limits, write RURAL and give neares) town] b. CITY OR JOYN (If outpide corporate hints, write RURAL e 15 RF inco (if het in haspital, give street eddess) QN & ARM AEA KU MO 3. NAME OF Middle Manth Ö Doy Year DECEASED OF DEATH (Type or print) 191 COLOR OR BACE MARRIED TO NEVER MARRIED TO B DATE OF BIRTH AGE Whyers IF UNDER TYEAR IF UNDER 24 HA 5. SEX. Months Doys Hours Min WIDOWED DIVORCED Page 5 r OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of Work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN during rebst of working life, even if refired) pages 1 a Give Pages 1 h form PM3. MOTHERS MAIDEN NAME 13. FATHER'S NAME form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (If yes, give way or dôtes of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). INTERVAL BET MEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 0 DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. b 80 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS bese PERFORMED? YES M NO' 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enleg nature of injury in Port I or Port II of item-18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 120f. (City or town) (County) Month, Doy, Year 20d INJURY OCCURRED (Stole) factory, street, office bldg , etc) White Not while at work of work 21. I certify that, I took charge of the remains described above, held an Autopsy []. Inspection []. Inquiry and in my O Ged Suicide . Hamicide . Undetermined manner opinion death resulted from. Natural causes Accident . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER Deg. SIGNATURE xecute the cishard should be f EXAMINEE'S DEPUTY MEDICAL EXAMINER NAME (Type) BURIAL CREMATION 22d LOCATION (City town, or county) 0 **ADDRESS** 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

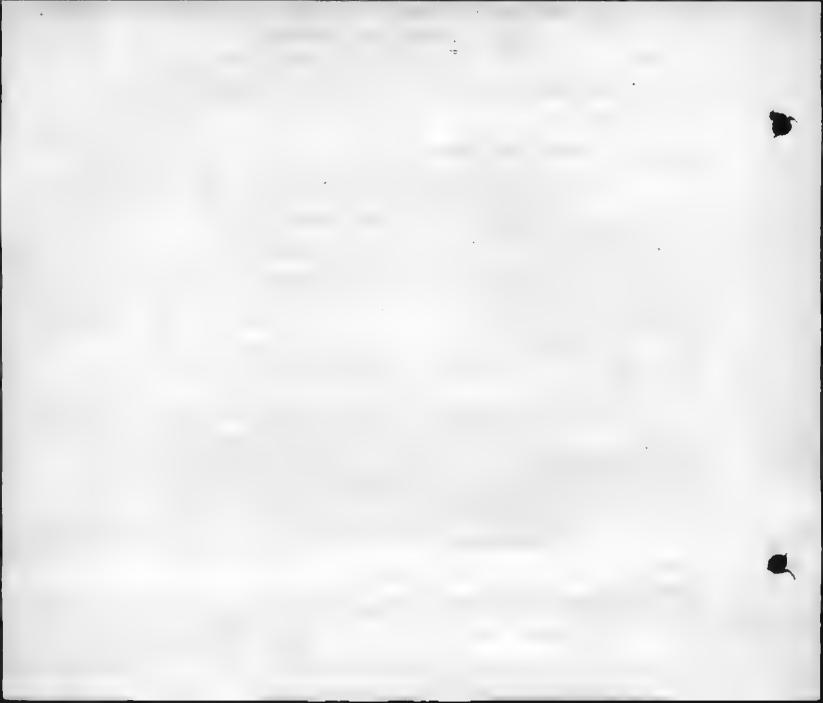


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Ļ		QEKINI (4)	TIE OI DEATHI	Reg. Dist	. No.				
1	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Where d	eceased lived. If institutions Residence	before admission)				
1	LIBLTO	MARYLAND	170	b. COUNTY					
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If outside	carporate limits, write RURAL and gi	ve nearest tawn)				
1	GWIN OAK	24/5	131117	2 1 1 1 -	1				
	d. NAME OF HOSPITAL (If not in hospital, give street of	tgress)	d. STREET ADDRESS	11 N. Chappel	e. IS RESIDENCE ON A FARM?				
þ	TUGSDUKG 170	2//15	(3)	67-1-17-07	YES NO				
· ·	NAME OF DECEASED (Type or print) 600/57	MARU J	E- 1	DEATH JOHN . 2	Doy Year 1954				
1	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8 DATE OF BIRTH		YEAR IF UNDER 24 HRS				
L	WIDOWED WIDOWED	DIVORCED [Dec. 31. 1868	lost birthday) Months C	Days Hours Min				
1	Do. USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	BIRTHPLACE (State or for	eign country) 12. CITIZ	EN OF WHAT COUNTRY?				
1	3. FATHER'S NAME	,,	14 MOTHER'S MAIDEN NAME	10					
1	GUETAN Weene	mann	Ph. Dage	n Beck					
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17.	NFORMANT	Address	10				
	(If yes, give wor or dates of service)	K	ecoros HU	S Home CA	MPFIELD				
I	18 CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).	1. 1.	/ n \	INTERVAL BETWEEN				
1	PART I. DEATH WAS CAUSED BY:	terro sele	roter Heart	Diseuse /	ONSET AND DEATH				
1	400.0 DUE TO 01		1/1		1				
1	Conditions, if ony, which) to Chronic Branchity								
	gove rise to immediate				1				
1	lying cause last.				1				
		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	SEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY				
	Jene	rolund and	erin feleron	-	PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	HE HOW NURY OCCURRE). (Enter nature of injury in Part i	or Port II of stem 18.)	1011 11012				
- 4				·					
	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. P. m. 19 White of work	Not while 20e PL/	CE OF INJURY (Home, form, 20 tary, street, office bldg., etc.)	(City or town) (Co	ounty) (State)				
	p. m. 19 at wark								
1	21. I certify that I attended the deceases	1 from 17.	19.57, 10 Am	24 1959 that I lo	ast saw the deceased				
ı	alive on 10 12 2 19 5	S, and that death	occurred at 40 AM	, from the causes and on the					
Т	1 1 6 1 1 01	17		ESS (Street, city or town, state)	DATE SIGNED				
1	SIGNATURE Zarl L. Cham	ben.	MD 4108 Shorty	Hts Balte- 7-m	1 1/24/5				
j	PHYSICIAN'S Far/ Li Cham	hers-	4108 Liberta	Ats-Batto.7-M	1. 1-54-				
2	REMOVAL (Specify) 1/27/59	DALTO	PREMATORY 220	DOGATION (City, town, or county)	(State)				
2	3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY	REGISTRAR 246 REGISTRAR'S SIGN	NATURE				
10	A. Hremann 6067	HARFOR	O RO DATE IAN ?	9 '59 Clithur 0	4 21				
16.									

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TO HEIPITAL OR ATTINDED PHYSICIAN: The low requires that the dwath certificate be exemuted within 24 hours after death. Page 4 VS A15 (4) 15M 9/55





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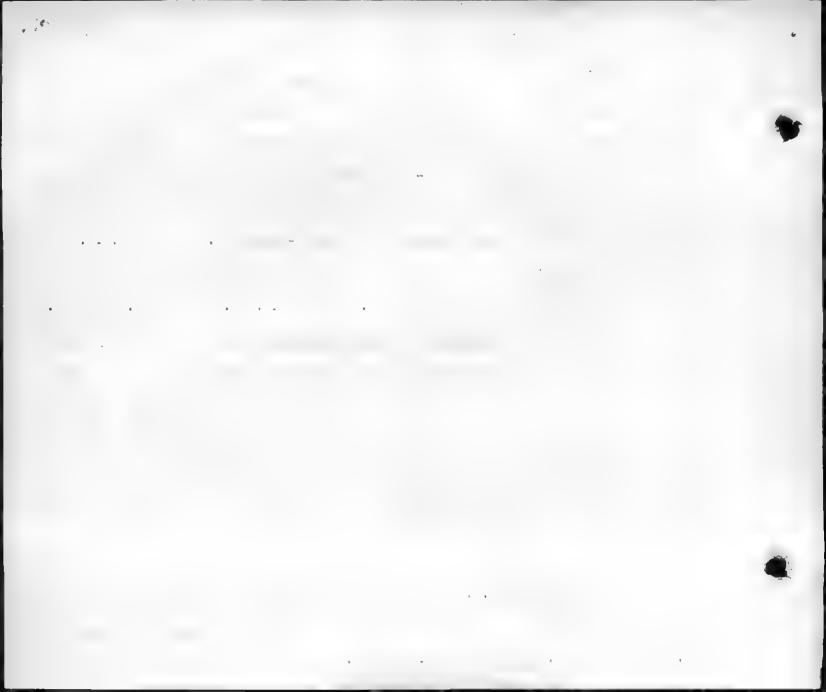
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383 **CERTIFICATE OF DEATH**

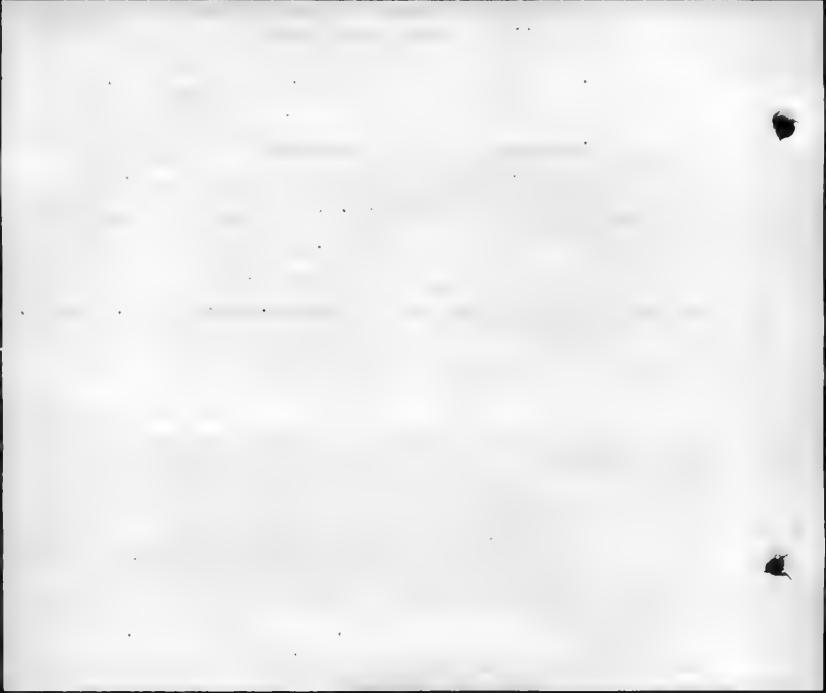
Reg. Dist. No.

										-	THE PERSON NAMED IN	-
1. PLACE OF DEATH 6. COUNTY Ba	ltimore		MARY	LAND	o. STATE	aryla	_	b. COUNTY		nce before	e admiss	on)
6 CITY OR TOWN (RURAL and give no	f outside carporate limi	is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	itside corpor	rote I mits, wr'te F	URAL and	give near	rest fown)
Fort How	ard		2 days		В	altim	ore	3 V	01-	4-		
OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d STREET AL	DORESS				Ð	IS RES	IDENCE FARM?
Veterans Ad					5/10/1	Anno:	r Cour	•t				NO K
3. NAME OF DECEASED	Fin	st	Middle		Last		4. DATE OF	Moi	ı Bh	Day		rear .
(Type or print)	MIL	Œ	-		SULLIVA	N	DEATH	January				19 59
5. SEX	6 COLOR OR RACE	7. MARR	IED 🚺 NEVER MARRIE	ED 🔲 🛭	DATE OF BIRTH	1		9. AGE (n years last birthday)	IF UNDER			R 24 HRS
Male	White	WIDOW	DIVORCE		3/25/1	877		81 yrs	MONTHS	Days	Hours	atin,
100 USUAL OCCUPATION during most of work	ON (Give kind of work o	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (Stote o	or foreign co	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY?
Guard		Lo	cke Insulat	tor	Wilk	es-Ba:	rre, E	2.	Į	U.S.A		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
George	Sullivan				Bar	bara	MN:	Unknown	1			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	INI	ORMANT			Add	ress			
Yes	SAW		nknovn	Clin	.Record	s.Vet	s.Adm.	Hospita.	L.Ft.I	Howar	d.M	d.
Conditions, if o gave rise to i cause (o), stating lying cause last,	mmediote (ART	LMONARY EDI			ASCUL		SEASE			Day	
OF ACCIDENTANT	HER SIGNIFICANT CON		CRIBE HOW INJURY OF						VEN IN PAI	- 1	PERFO	RMED?
OR CONTRIBUTING	CAUSE OF DEATH		CRIBE HOTE INDUST OF	CCORRED	(carer notice of	injury or	D#1 1 01 1 01;	n or tem te.,				
Hour o m	Y Manth, Doy, Yea	Wh'le of wor	NJURY OCCURRED Not while of work	focto	E OF NJURY (F bry, street, office	bldg , etc ;		·		(County)		(State)
21. I certify th	atXI aftended the	deceas	ed from Januar	ry 7	19.59	, to <u>Ja</u> :	nuary	9_, 159	, රැසහපාරු	COG G	CHENCH	NO EXTEN
ACTUAL SIGNATURE	lia K	Hu	XXXX, and that				ADDRESS (St	the causes ar reet, city or town, D, MARY	stote)	e date		abave E SIGNED /59
PHYSICIAN'S NAME (Type)	HIEN WEI LA	M, M	.D.		VAH,	FORT	HOWAT	D, MARYI	AND			
220 BURIAL, CREMATIO REMOVAL (Specify) Burial			22c NAME OF CEME Baltimore				22d. LOCAT	TON (City, town,	, ,		(Stot	e)
23 FUNERAL DIRECTOR		-	ADDRESS		7318-4-	24a. REC'D	BY REGIST	Baltimos RAR 246. REG	STRAR'S SI	IGNATURI	E	
Wm.Cook-Bli	ght, Inc. 600)9 Ha	rford Rd.Ba	alto,	Md.	DATE JA	N 1 6 '		NUMA Z			

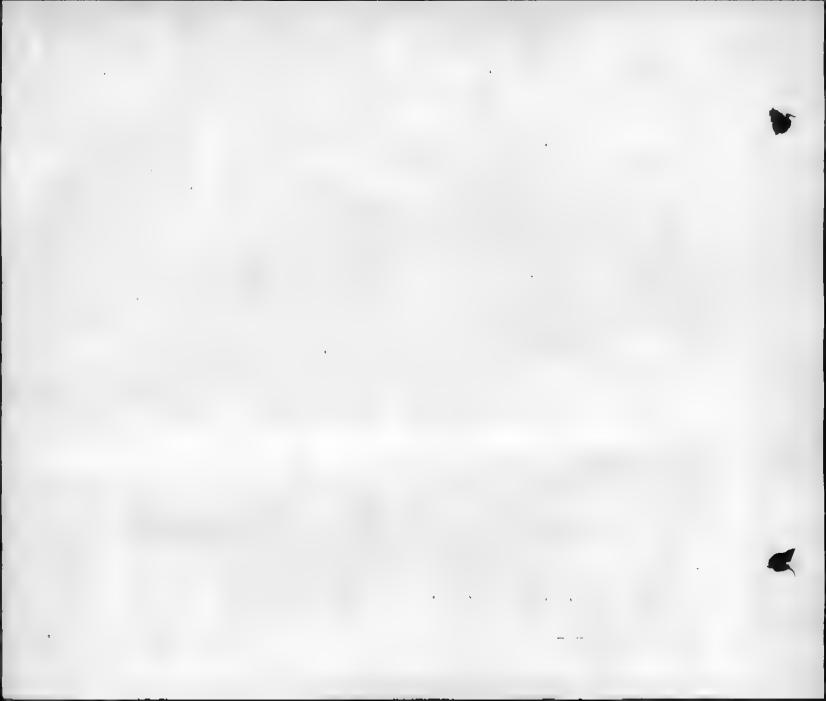
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury VS A1S (4) 15M 9/5B



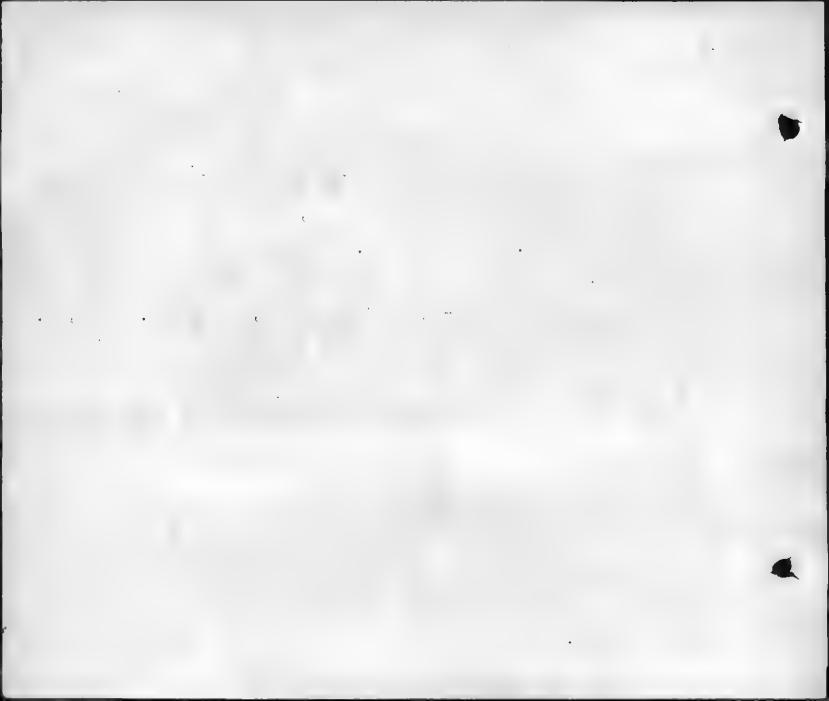
HOSPITAL



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 100376
LTH DEPT.	1.	LACE OF DEATH COUNTY Lelti 10 re MARYLAND Z USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission) o STATE COUNTY COUNTY COUNTY
10 mg	E	CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Catonsville Catonsville Catonsville
Board		. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Roberts Ave e STREET ADDRESS ON A FARM? YES NO
death		VAME OF First Middle Lost 4. DATE Mpath. Day Year OF DEATH LOST 1050 19
with the	5. 5	
in 72 h	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTH/LACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY LIGHT CO
E I	13.	FATHER'S NAME Pullian Joylon 14. MOTHER'S MAJDEN NAME
amy cy		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT, Address Roberts Continued of groves of delet of revises 16 Social SECURITY NO 17. INFORMANT, Address Roberts Continued of Roberts Continued o
and in		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
leansil		422.1 Due to
or rem		Conditions, if any, which gove rise to immediate couse (b) Generalized Arterio sclerosis OUF TO (c), stating the underlying couse lost.
C)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
mial, q	CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
10 pt	MEDICAL	20c TIME OF INJURY Month, Day, Year Not while of work
2		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my
89 en 69 en 60 en		opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
design d		EXAMINER'S GOO. S. M. Kieffer I.D. DEPUTY MEDICAL EXAMINER (T)
2 × 2	220	BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 72d (OCATION (City, town, or county) 1-6-59 Western Star
AE Mal	23.	PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH ld & 2d, Film G-238 2/9/59 cac. Reg. Dist. No EALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) e. COUNTY b. COUNTY Baltimore MARYLAND Harvland b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neares fown) Towson Towsor funeral ined for Boar ON A SARM d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) & STREET ADDRESS 20 Cedar Avenue 06 inginia/kygnug 20 Cedar Avenue YES NO 🔀 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED 9 AGE (In years IF LINDER 24 HRS NEVER MARR ED | 8 DATE OF BIRTH feet birthday! Months Days Hours Male White WIDOWED [DIVORCED [March 12. 1897 puo BO 1, 2, a Page 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Central Repairman- ret. C.&P. Telephone Co USA pages 13. FATHER'S NAME Pages n PM3. 14. MOTHER'S MAIDEN NAME Charles E. Thomas Carrie Steiber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address E C (If yes, give war or dates of service) Yes Elizabeth Thomas. 20 Cedar Ave.. Towson, Md. 18 CAUSE OF DEATH | Enter only one couse per INTERVAL BITWEEN PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4-560.1 DUE TO Conditions, if any, which gave rise to immediate cause DHE TO (a), stoting the underlying couse lost. cal Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO [20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Hem 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or lown) (County) (Slote) factory, street, office bldg., etc.) Hour a. m. While Not while of work at work 21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection inquiry and in my opinion death resulted Natural causes Accident Suicide [], Homicide [], Undetermined manner o de DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE' 2-0 **EXAMINER'S** 20 8 NAME (Type) DEPUTY MED CAL EXAMINER should FUNE 220. BURIAL CREMATION, 225 DATE THEREOF 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) Burial Cemetery Prospect Towson, Maryland FLINERAL D RECTOR'S SIGNATURE 246 REC'D BY REGISTRAR 24b, REG STRAR'S SIGNATURE VS A15ME arisms S. Trans DATEEB 4 5M 2-57



521		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 COST
FOR S	TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH	DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decented lived If institution, Peridence before admission)
Poge Poge files.	AN	a. COUNTY BELLETING COUNTY MARYLAND STATE Mary and b. COUNTY
r Ell	KI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
actic you		Owings Mills 74rs.9 Mos. Baltimore 30 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS le 15 RECIDIN E
Boo 8	12.	ON A FARM
orer taine flate eath		3. NAME OF First Middle Lost 4. DATE Month Day Year
the fine series		(Type or print) Joseph Dahlets Clenn Thomas DEATH - 3 1959
If any by		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 11 years IFUNDER TYEAR IF UNDER 24 HRS
S m 5 m		White WIDOWED Sept. 3, 1937 21 VIII
2. c Page and		during most or working life, even if refired)
offer 1.	-1	none Marylan 1 J.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page n PM. pag	1)	James Thom: s Lucy C 'ens
Sive Sive form File		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
(音) (音) (音) (音) (音)		no none ins. Jucy 1 omas, 43 East York Stre. t
em, long ong per		PART I DEATH WAS CAUSED BY:
DE LE	,	936.7 Due to
Office Park	V	Conditions, if ony, which) (b)
id b		gave rise to immediate cause (a), stating the underlying DUE TO
should be so on one		FART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (0) I P WAS AUTOPSY
endir		PERFORMED?
dico		
word Me of Me		Gause of Death. Kicked by inmate
The The Short	2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, OF PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
ling the the de	7	8 30 Jones 1/3/59 19 of work school-Rose wood Baltimore Md.
XAX Wright		21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my
Cote.	1	opinion death resulted from. Natural causes [], Accident [A], Suicide [], Hamicide [], Undetermined manner []
IRE C		ACTUAL SIGNATURE WILLIAM DO CHIEF MEDICAL EXAMINER (
A be	do	EXAMINER'S ASSISTANT MEDICAL EXAMINER
NER GIR		NAME (Type) DEPUTY MEDICAL EXAMINER 7737
A she		220. BLRIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1-6-59 Mt. Clivet Center ry 3 1t more
5 5		23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 87 REGISTRAR'S SIGNATURE 240. REC'D 87 REGISTRAR'S SIGNATURE
VS. A15ME 5M 2757	6	'H' 'm Cook, Inc., 1217 St.F ul Stre t DATE IAN 6 '59
		And the second s



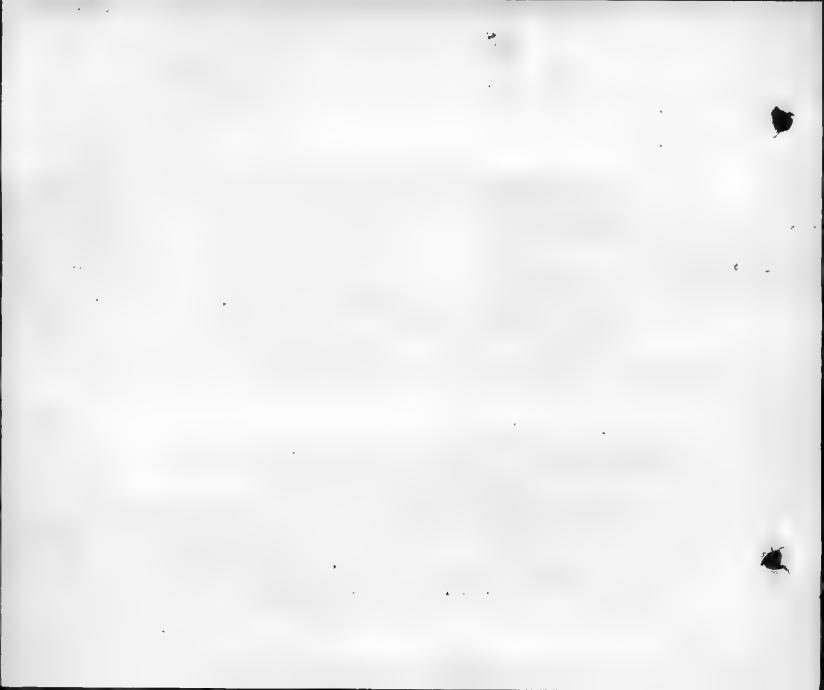
Reg. Dist. No.

00378

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.		COUNTY	before odmission) altimre
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Arbutus	C. LENGTH OF STAY IN TH	c. CITY OR TOWN (IF o		its, write RURAL and gir	re nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION 4136 Wilkens Ave	oddress)	d. STREET ADDRESS 4136 W11	kens Av	e	e. 15 RESIDENCE ON A FARM? YES NO
O NAME OF First CHARLES E THO	MPSON	Last	4 DATE OF DEATH J	Month anuary 9.	Day Year 19 59
5. SEX Male 6 COLOR OR RACE 7 MARRI	T	Oct.21.188	lost	L. Carlotte and Company	YEAR IF UNDER 24 HRS days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if retired) Retired Produce De		11. BIRTHPLACE (Sloke Baltimo		12 CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
William Thompson	105111 05511171110 117 117	Anna Bae	tzel		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. [17 yes, no. or unknown) [11 yes, no. or unknown) [2]	214 05 3209	Esther M T	aylor 4	136 Wilke	ns Ave
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (0), (b), and (c)] Bur Cha zou	e Casci	noma		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying cause last. (b) DUE TO					
PART IF OTHER SIGNIFICANT, CONDITIONS CONTROL OF CONTROL OF CONTROL OF CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER; OR CONTRIBUTING CAUSE OF DEATH	ontributing to DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONC	DITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED	(Enter nature of snjury in f	Part f or Port II of it	em 1B)	
20c TIME OF INJURY Month, Day, Yeor 20d IN Hour o. m 19 White at work	Not while foct	CE OF INJURY (Home, farm ory, street, office bidg., etc.	20f (City or low)	n) (Co	unty) (Slate)
21. I certify that I attended the decease	od from Quil	, 1958, to 5	tare 9	. 19.5 9.that la	st saw the deceased
alive on Jan 7 195	22, and that death	occurred at 9. A			
ACTUAL SIGNATURE DELICATE Lange	len "	10 4508 E	ADDRESS (Street, cir	y or lown, states/	DATE SIGNED
PHYSICIAN'S NAME (Type)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	/ ///
270. BURIAL, CREMATION, PEROVAL (Specify) 1/12/59	22c. NAME OF CEMETERY OR Loudon P		22d. LOCATION (C	more Md.	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard 416	ADDRESS	24o REC'I	D BY REGISTRAR	24b REGISTRAR'S SIGN	
I DUNATO HAHDODAMO 417	I'/ Williams A		. 0 1 0	-1 -1 - 0 br	

VS A15 (4) 1SM 10/57





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 388 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) g. COUNTY 5 COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) RURAL and give negrest town) 10 Days Fort Howard Baltimore d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1930 W. North Avenue YES NO DE Veterans Administration Hospital Middle 4. DATE Yen DECEASED (Type or print) CLARENCE THROUTER DEATH January 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Male Colored Hours WIDOWED | DIVORCED [7] March 9 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [State or foreign country] 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Hotel Avden. N. Carolina U.S.A. Porter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Perkins John Thrower 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Clin.Rec. Vet.Adm. Hos. ital. Ft. Howard. Maryland 215-05-8528 Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF STOMACH WITH METASTASTS Months IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ! gave rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPS) PERFORMED? YES IC NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work SOROCOOX and that death accurred at 7:30A. M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE VAH. FORT HOMARD MARYLAND E P ă PHYSICIAN'S registror HOWARD, MARYLAND NAME (Type) FUNERA 220. BURIAL CREMATION, 22b DATE THEREOF 22L NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lawn, or county) REMOVAL (Specify) Ayden, North Carolina Ayden, Cemetery Removal Ö 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) 15M 10/57 Second

878 8

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-	00	U		Ke	g. Dist. No.
1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived if institution Rib COUNTY	esidence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard	c. LENGTH OF STAY IN 16		ulside corporate limits, write RURAL	ond give nearest town)
	d NAME OF HOSP TAL (If not in hospitol, give street or institution Veterans Administrat		d STREET ADDRESS 2918 West	wood Avenue	IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) AARON	Middle	TILER	4. DATE Month OF DEATH Jamiary	18 Year 59
	Male Colored WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	February 15,	1895 63 birthday) Mor	NDER 1 YEAR IF UNDER 24 HRS
100	USUAL OCCUPATION (Give kind of work done 16 during most of working life, even if retired) Foreman	Building Consta			2. CITIZEN OF WHAT COUNTRY U.S.A.
13	FATHER'S NAME William Tiller		Mary Jane W		
15. (Ye			Clin.Rec.,Vet.	Adm. Hospital, Ft.	Howard, Marylar
	PART I. DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CA		STOMACH WITH	PARTIAL OBSTRUCT	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO OF	THE PYLORUS	· · · · · · · · · · · · · · · · · · ·		3 / WEEKS
ICATION	Part II. OTHER SIGNIFICANT CONDITION Pulmonary embolism, bi	s contributing to death bu	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES X NO
CERTIF	20a. ACCIDENT WAS UNDERLYING [] 20b D OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in f	Part I ar Part II of item 18.)	
MEDICAL	Haur a.m. Whi		ACE OF INJURY (Home, farm icitary, street, affice bldg., etc.	20f (City or town)	(County) (State)
	21. I certify that attended the dece	_	occurred at 11.100F	M, from the causes and and ADDRESS (Street, city or town, state)	an the date stated above
	PHYSICIAN'S CHIEN WEI LAN,	M.D.		HOWARD, MARYLANI	1/19/59
	BURIAL CREMATION, 226. DATE THEREOF	9 Baltimore Na	OR CREMATORY_	22d LOCATION (City town or con Baltimore, Mary	rland (Store)
-	FUNERAL DIRECTOR'S MENATURE	661 W. Barre : Baltimore 30.	10.0	2 6 59 246 REGISTRAR	E'S SIGNATURE L. France

TO HOSPITAL OR ATTENDINE PEYSICINE: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

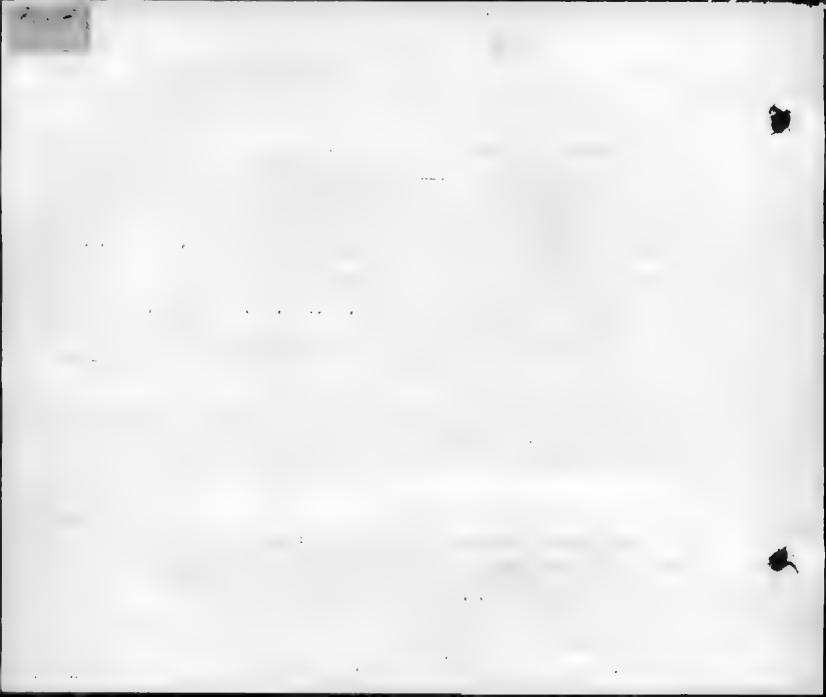
TO FUNERAL DINE.

TO FUNE may be retained by the haspital ar attending physician.

• FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any event within 71 hays-after death.

VS A15 (4) 1SM 10/S7



00382

- 330 CERTIFICA	TIE OF BEATTI	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. I	f institution: Residence before admission) COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits	write RURAL and give nearest town}
COCKEYSUILLE 61/2 YEARS	CLEAR SPR	ING OLL A
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MASONIC HOME	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO (%).
3. NAME OF First Middle	Lost 4. DATE	Month Day Year
OECEASED (Type or print) SAMUEL CUSHW	A TROUPE SEATH	1 14 1959
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		In years IF UNDER 1 YEAR IF UNDER 24 HRS. rthdoy) Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11 BIRTHPLACE (Slote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SAMUEL TROUPE	FLORENCE GE	RTRUDE BREWEI
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. If (17 yes, gave wor or dates of service)	Frank & Smith J.	Corchegeville mo
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ene fatien	ONSET AND DEATH
DUE TO		,
Conditions, if ony, which) (b)	lact 312	6 6,32
gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO COURSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	NOT RELATED TO THE TERMINAL DISEASE CONDI	FION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D (Enter nature of injury in Part I or Part II of iter	n 18)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED to PL While Not while of work of work of work to the point of work to the poi	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 7 - 7	19.52, to 1-14	1957, that I last saw the deceased
	accurred at 12.56 P.M. from the c	auses and an the date stated abave
SIGNATURE 12 a lqu J. Le	MD. Letheipwith	Viid. 114/5
PHYSICIAN'S NAME (Type)	/	
220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (Cit	y, town, or county) (State)
REMOVAL (Specify) 1-15-59 St. Paul's C	metery C3 - r Spi	cint, Md
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 2	46. REGISTRAR'S SIGNATURE
.m.Cook, Inc., 1917 St. Full warest	DATE JAN 1 6 '59	Cather S. Frank

may be retained by the haspital or attending physician.

TO FUNERAL DIFFICAL Ster this certificate has been signed by the attending physician and completely fitled in by present director, page 3 should be detached for use as the burial-transit permit. Then please remove carbom-papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remarkal, and in any more within 72 houm offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/S5

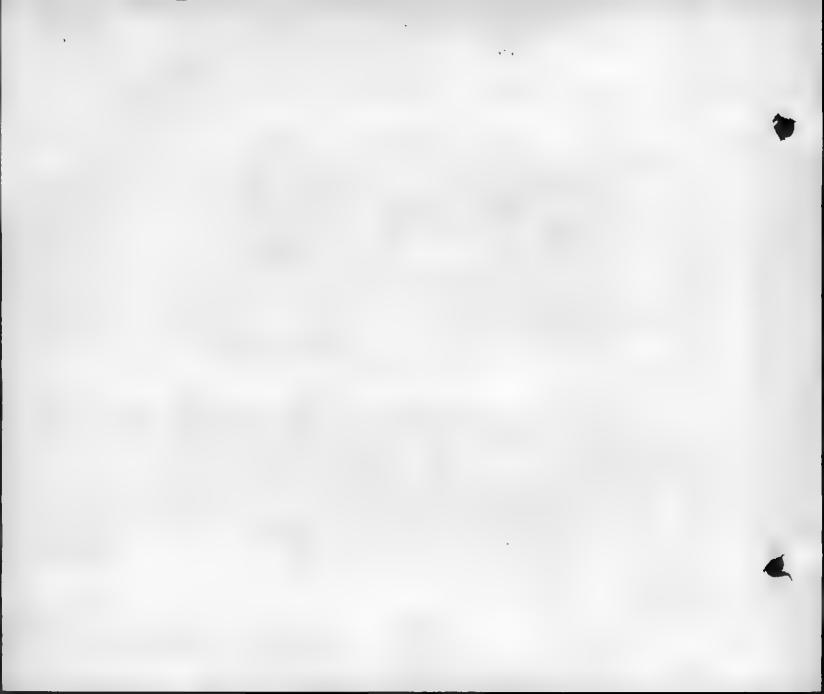
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10383 MEDICAL EXAMINER'S CERTIFICATE OF DEATH emation Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY ŏ MARYLAND 36 b. CITY OR TOWN (if outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) in a and give necres) town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Prior ON A FARM? YES NO T NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED IF UNDER TYEAR Months Days Min. WIDOWED | DIVORCED yrs. retoir 2 wit 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo þe H12/1 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Poges 1, age 5 ma poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 36. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL RETWEEN PART I, DEATH WAS CAUSED BY: Per 01 14. IMMEDIATE CAUSE (a) 420.1 DUE TO with Conditions, if any, which olang wi **(b)** in pencil gave rise to immediate cause DUE TO (a), stating the underlying cause last. (c). 0 Office PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 80 CATION PERFORMED? pending used 0 YES [NO [CERTIFIC 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exomi should 3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Haur While Not while 0.0 3 of work at work Medic 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry 7, and find that KECTOR: from: Natural couses Accident . Suicide . Hamicide . Undetermined cause 6 MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded . ASSISTANT MEDICAL EXAMINER ë removel. O DEPUTY **EXAMINER'S** cute the MAME (Type) DEPUTY MEDICAL EXAMINER IX 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county). (Stote) ö REMOVAL (Specify) 9 - 1- 6 57 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

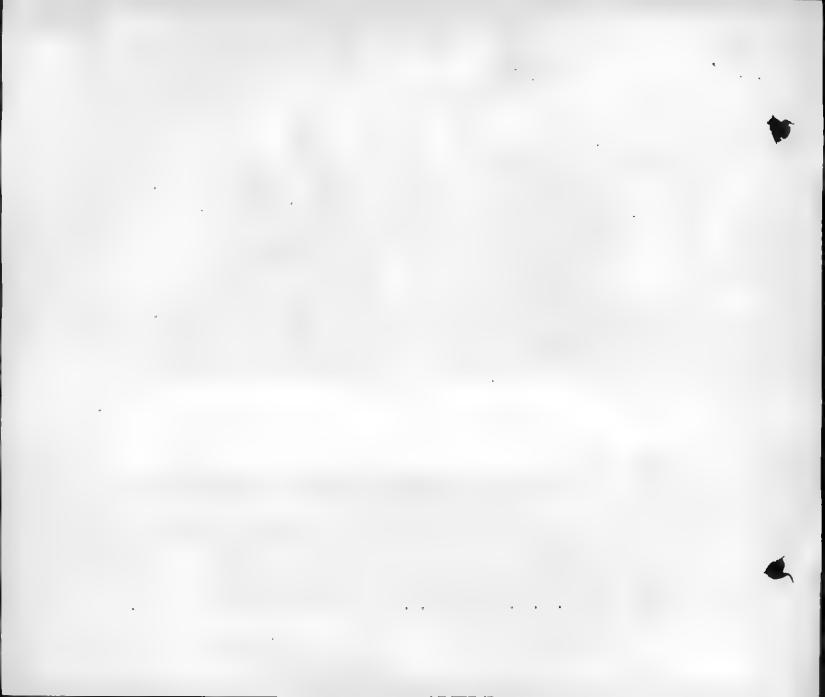


VS. ATSME 8M 2757

00384

Rea. Dist. No.

		nn-		To LIELAN BECH	DEALOR HAS	6 8.8*	6 10 1 12 12		
DEATH OF DEATH	, 0	34		O STATE	DENICE (WAN	re deceased live	b. COUNTY	en: Kesigence Dei	are damission)
	Balti	mbre.	MARYLAND	31212	MD.		B. CODINIT	Altimor	
b. CITY OR TOWN (III and give nearest fown)			c. LENGTH OF STAY IN 16	c CITY OR	TOWN (if or	ts'de carporate	imits, write Ri	TRAT ord give h	earest lown)
	4 0			V .					
	OF INSTITUTION A	If not in ho	pital, give street address)	d STREET AL	DOEFS	17			Te IS RESIDENCE
V. NAME OF HOSTIF	L OK MASHIOTON (is trail tit tra:	pron, give street outress;	10 314221 21	DUKESS				ON A FARM
623 Har	wick Road	-	<u> </u>	627	Varwi	ck Rd -			TAEZ THO
NAME OF DECEASED	Fie	sî .	Middle	Lost		DATE	Month	Doy	TAREO
(Type or print)	lfrieda	77.0	tter			OF DEATH	_		1859
S. SEX		1	ED MINEVER MARRIED 8.	DATE OF SIRTH		. P. AG	E lin years	FUNDER TYEAR	TE LINDER ACTOR
H.		WIDOWE	## Married	Je	an• 2	8, 1894	.)	Aonths Days	Hours M n
00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	CIND OF BUSINESS OR INDUST	RY 11. SIRTHPLA	CE (State or	foreign country)	***	12. CITIZEN O	F WHAT COUNTR
during most of working			**.						
	se Wile		<u>Home</u> .	1	-Gern	any_		U.S	*A
3. FATHER'S NAME				14. MOTHER'S A	WAIDEN NAI	WE			
Friedr	ich Werns	ched		Chri	istine	Kach			
5 WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO 17.	TERMANT		-17-041	Address		
ser up as auxuassul	(If yes, give wer or dotes of	seuncel	1.7.	7.4 77.1		o= :: :			
In cause or pray	14. fc-1	an man line		lter Vet	tter o	2 3 Yarwi	ok Rd.	10,1981	IVAL BETWEEN
	H [Enler only one cou H WAS CAUSED BY:	se per illie	tor (o), (b), one (c).					ONS	T ANG DEATH
	IMMEDIATE CAUSE (6)		Coronary Throm	bosis					_
· ×	DUE TO		ů						
Conditions if on	iv. which)	LE	montanaire Com	310		3.2			
gave rise to immed	inte cause (pertansive Car		ular	on sease.			
(o), stating the u	nderlying DUE TO		Diabetes M	ellitus					
couse fost.) (c)								
PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINA	LEDISEASE CON	DITION GIVE	VIN PART I(0)	9. WAS AUTOPSY PERFORMED?
ξ[YES NO
PART II. OTH 20g. EXTERNAL CAU FRIMARY Dor CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED (E	nter noture of init	ury in Port I	or Part II of item	161		W 11
TRIMARY OF CON	ITRIBUTING 🗆			,	.,		,		
	Y Month, Day, Yes		INCHERY OCCUPACES TOO. IN LA	T OS ILIBION HI				45	-
20c. TIME OF INJUR	1 Month, Day, 18	Whil	Nat while	ry, street, affice I	ome, tarm, bidg., etc.)	201. (City of law	nj	(County)	(State)
∑ p. m.	19		ork of work						
21. I certify th	of I took charge	af the	remains described aba	ve, held an	Autopsy	, Inspec	tion W.	Inquiry 🕎	, and in my
				_			44	44	_
opinion death i	resulted from:	Noturo	couses . Accident	, Suicide	Ц, по	micide [],	Underern	nined monne	er 📙
6	U. M	1/5							DATE SIGNED
SIGNATURE	Jey.1./1	1/1	2/200	ALD CHIEF ME	EDICAL EXA	AINER 📋			DATE STONED
		7	7777	ASSISTAN	NT MEDICAL	EXAMINER []			
EXAMINER'S	a a	70 700	Und was	DEPLITY A	MEDICAL EX	MINER [7]			
NAME (Type)			effer li.D.				_J	an. 23.	L959
20. BURIAL, CREMATION REMOVAL (Spenify)	N, 1926 DATE THEREC)F	22c. NAME OF CEMETERY OR		7	2d LOCATION (- Con		(State)
Burial	1-26-	59	Garden of Fa:	ith		Baltin	nore C	ounty,	rid.
3 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'D 1	Y REGISTRAR	24b. REGIST	RAR'S SIGNATU	RE
H. H. Hubbar	d. 4107 k	ilker	as Ave., Balto	Md.	DATERN S	0.150	(7 -2	0 10	
TA TABLETON WILLIAM				- ,	AVENIA S	6 '59	Salama Salaman Age	a S. France	4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

393 CERTIFICATE OF DEATH

Reg. Dist. No.

~5		
The	I. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL DESIDENCE (HOME) OF DECEASED COUNTY
hully.	CITY (H outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rul 29/ 24/
care d legi	HOSPITAL OR INSTITUTION OR 7517 Relair Acad	STREET (If rural, give location) ADDRESS 7 7 4 4 0 0 2 1 hord
rly ar	3. NAME OF DECEASED (First) (Middle) OF O	1 (Lest) (4. DATE (Month) (Day) (Year) OF DEATH Jun 46. 1977
nform h clea	5. SEA 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Mare of	8. PATE OF BIRTH 9. AGE last birthday II under I year II under 24 hr Months Days Hours Min.
n of i	done during most of working life, even if retired) 10b. Kind of Business on Industry Living	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
y iter	13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME
Supply every item of information carefully, write the causes of death clearly and legibly.	15. Was Deceased Ever in U.S. Armed Forces? 16. Social Security No. (Yes, no, of unknown) (1f yes, give war or dates of 2/9-09-7353	Loca Dry E. Wite 127529 Belan Brod C
6 t	'IS. MEDICAL CE	
題	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O SO ONSET AND DEATH
INK. Splease v	Immediate cause (a) Cancus ama.	of deerg 6 mon.
台西	Antecedent cause(s)	
UNFADING	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
A ig	(c)	
No.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
THI	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \)
/ WITH	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	: :
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR!
PLA)	22. I hereby certify that I attended the deceased from	19.47, to 19.59, that I last saw the deceased
ITE	alive on 19 24 and that death occurred at	ADDRESS PATE SIGNED
	GRam gowns h. D	1232 Belair Rd. Declot, but. Jun - 7,148
PLEASE	REMOVAL (Specify) Jan 29,1959 Baltino	
PLE	DATE REC'D BY LOCAL TREGISTRAR'S SIGNATURE REPAN 2 8 '59 Orling S. Krous	IN Crech of on 900 4 Charley 5

MARGIN RESERVED FOR

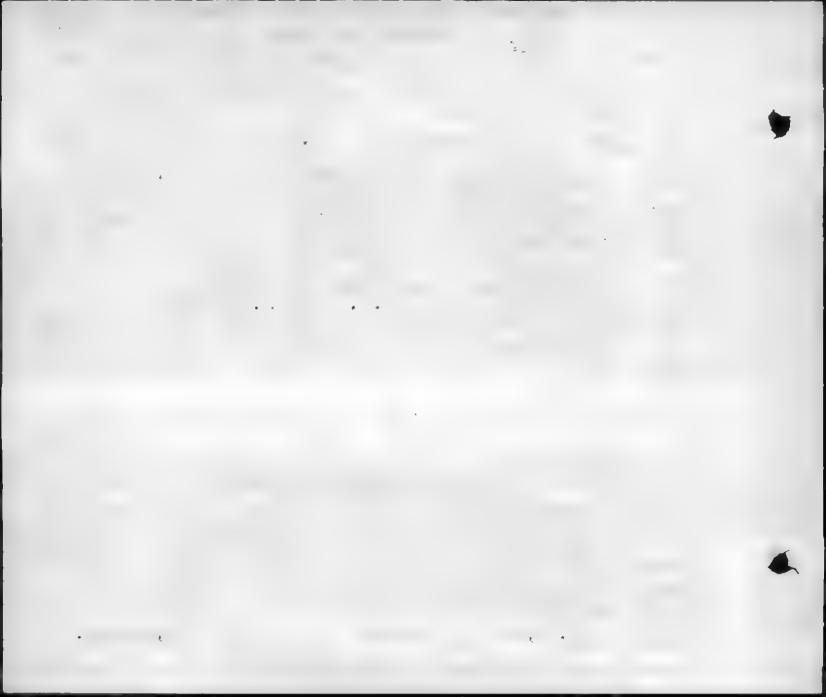
PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15



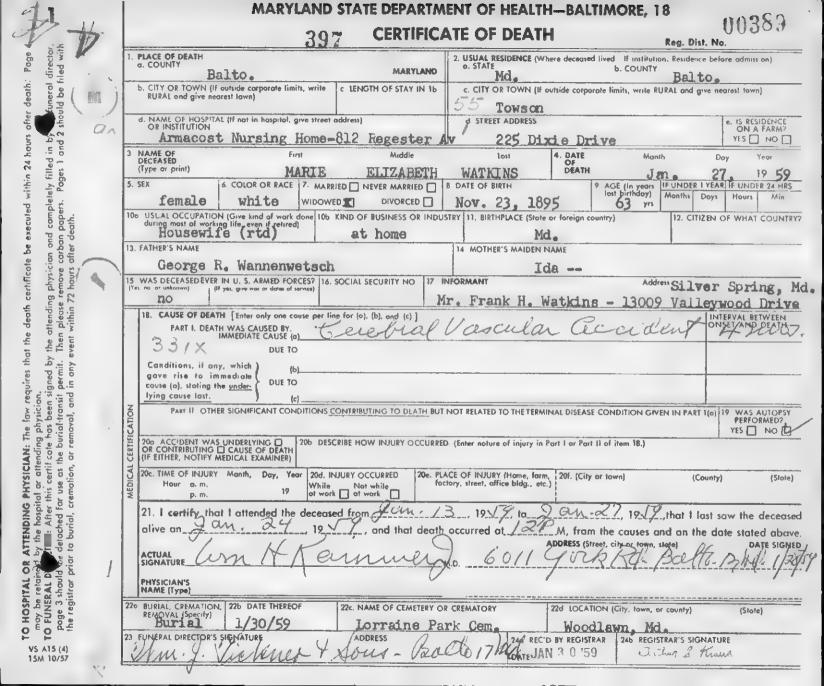
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If Institutions Residence before admission) o. COUNTY b. COUNTY Maryland MARYLAND Baltimore b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Sparrow Point Dundalk 22 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Bethlehem Steel Hospital 1301 Behhlehem Ave YES NO K Fieut Middle DATE Month Day Year DECEASED OF (Type or print) Wanek DEATH Jesse 10 1959 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER TYPAR JE UNDER 24 HRS. lost birthdoyl Months -12-1913M W WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gue Sparrows Point Md 99 Millwright Stee may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Christian Catherine Flonk 10 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Bethlehem Ave 2T6 -017637 Trene Wanek I30I 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed right chest IMMEDIATE CAUSE (6) 2. Fracture skull. DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO. 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) Crushed between a bracket and a hoist saddle 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year 20c. THAT OF INJURY (County) (State) factory, street, office bldg., etc.) 2:45 p. m. While Not while at work Sparrow Point Baltimore County Beta. Steel Co. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X], and find that death resulted from: Natural causes ... Accident XI, Suicide ... Homicide . Undetermined cause DATE SIGNED ACTUAL SIGNATURE al-ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER & NAME (Type) Davis 220. BURIAL CREMATION. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 **ほし** R/AL 23. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9755

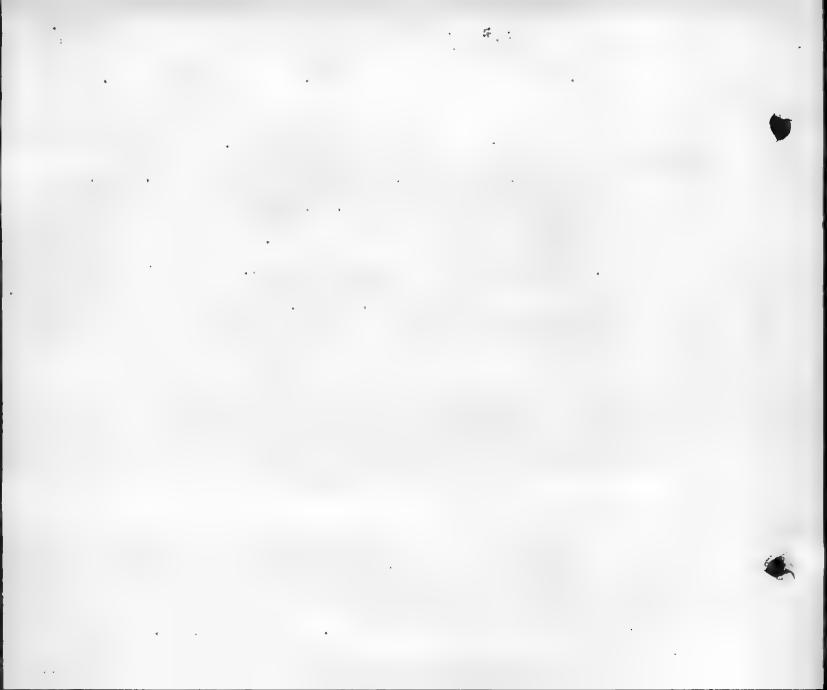




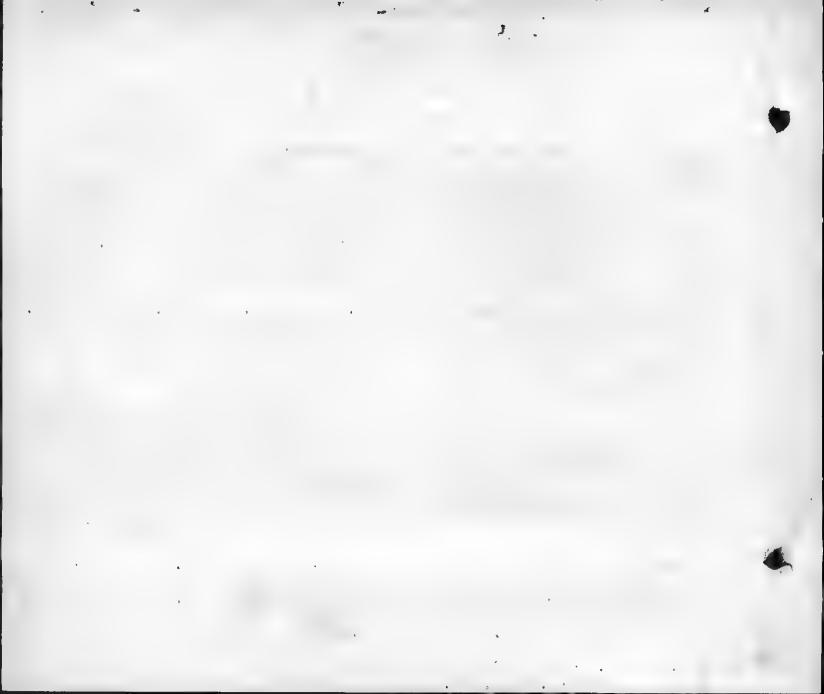
- 1				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9 5 c	£//			MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	£ :	1 0	-	Reg. Dist. No.
should		1)	1.	PLACE OF DEATH a. COUNTY D. TAL FIM OF A MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY C. STATE D. COUNTY D. C
% e	ŏ.			CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
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y is nece irections.	prior	3.7		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS ON A FARM? YES NO YES YES NO YES YES NO YES YES NO YES YES
r dela eral d	Jistrar		3.	NAME OF DECEASED (Type or print) VIOLA M. WATORS DEATH JAN 28 10 19
作品	6		5.	WAISKS STATE OF THE STATE OF TH
th. If to the ined for				6. COLOR OR RACE MARRIED 8. DATE OF BIRTH 9. AGE (in year) IFUNDER TYEAR IF UNDER 24 HCS. Months Days Hours Min. Min.
	3		10c	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
ond ond		A.		HOUSEWIFE HARFORD CO., MD. U.S.A.
	3	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
D 50 40	obod.			THOMAS HENRY MOLLY COOPER
4 0 8	0		15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address.
E Se - 5	Ē			MRS. WN. HASH, CHAST, MD.
MAG. S.	Ë			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
uted n 18	e E			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORON ATLY OCCLUSION
Hen I fo				4. xU. 1 DUE TO
· 프로				Canditions, if any, which) A-5-6-0- DISPAS -
ind b				gove rise to immediate cover DUE TO
	តី B			couse test. (c)
	ŝ		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
ding	2000		3	YES NO P
his cerid			CERTIF	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter regime of injury in Port 1 or Part II of item 18.)
W X	Ž		MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
HE HE	2		MED	Hour a.m. While Nat while factory, street, office bldg , etc.]
A N	5			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry , and find that
No. of the Co.	5			death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .
Signal Property of the Propert				ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
DEPUTY A	smaval	2		EXAMINER'S M.B DAVIS M.D DEPUTY MEDICAL EXAMINER 1/28/59
			220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Idwn, or county) (State)
5 0 4 5				DURIAL 1-31-39 DLATEVILLE DELTA, PA.
VS A15MI	E(5)		23.	AND HEC DE REDISTRAK S SIGNATURE
5M 9/5	5		<u></u>	John H. Harbeina, Della, Pa. DATEJAN 30'59 Cithir & thous







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 398 Rea. Dist. No.) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYTAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) MA.D. MARYLAND 6 DAYS BALTIME d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? VETERA S ADMINISTRATION HOSPI 1520 E. YES NO X 3 NAME OF First Middle 4. DATE Year DECEASED OF DEATH ELLIS HELLS W. JANHARY (Type or print) 10 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) B. DATE OF RIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours WIDOWEDT DIVORCED [February 2, 1886 MALE MEGRO yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) CLANE OPELATOR U.S.A. and STEEL CO. PANY BRISTOL, TE. ESSEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLIS WELLS BERTHA PERRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Clin. Records, Vet. Adm. Hosp. Ft. Howard. 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ADE: JOCARCI YOLA OF PROSTATE WITH LUTASTASES IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS PERFORMED? ARTELIOSCLER TIC WEART DISEASE YES NO X 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that Kattended the deceased from January 19 , 1959 to January 25 , 19 59 macroscope according ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE VAH, Fort Howard, Md. plaods PHYSICIAN'S NAME (Type) FUNERAL HOWARD C. KRAHEP. M. D. 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Raltimore. O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Irs Robert A. Elliott & Daughter Directors 15M 10/57 .. Caroline St. Balto. . nd.



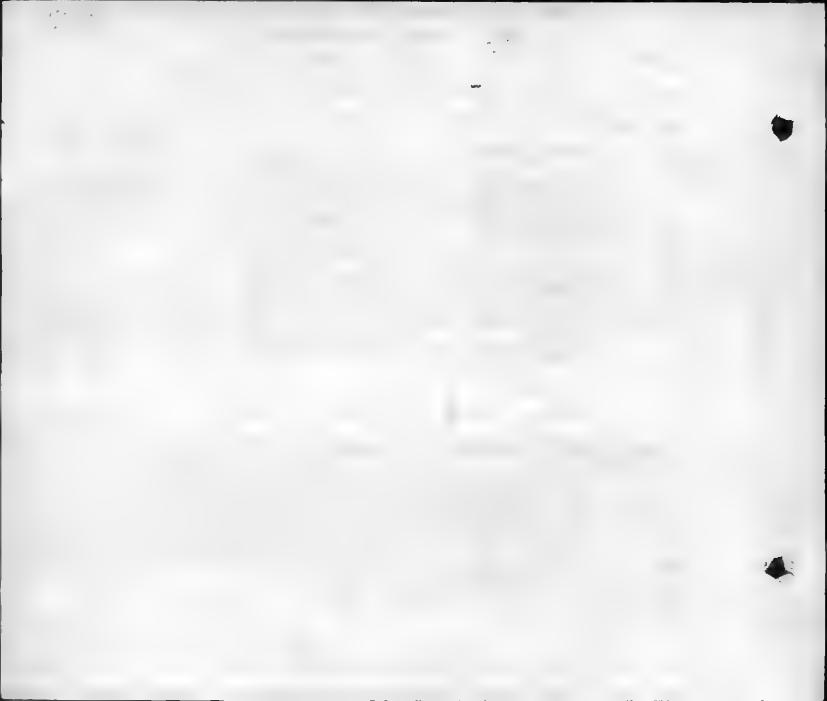
LI PANID	MIE	DEPAR	MEIAI	OF	HEALITE	
300		FRTIFI	CATE	OF	DEATH	

	000			Reg. 1	Dist. No.
	1. PLACE OF DEATH 0. COUNTY CARREST		2. USUAL RESIDENCE (Where do	ceased lived. If institutions Resid	ence before admission)
	BALTO.	MARYLAND	MO.	b. COUNTY	Bit.
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	d give nearest town)
1	RURAL and give regrest fown)	124 YRS	Woodfe	OOK	
1	d. NAME OF HOSPITAL (IF not an hospital, give street of institution)	oddress)	/d. STREET ADDRESS		e. 15 RESIDENCE
H		ANE	WOODBR	JOK LANE	YES NO Y
	3. NAME OF First DECEASED	Middle	Lost 4. D.	ATE Month	Day Year
	(Type or print) -RANK	I W		EATH JAN	30 1959
1	5. SEX 6. COLOR OR RACE 7. MARRI	IED NEYER MARRIED 8	DATE OF BIRTH	9, AGE (In years IF UND lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS
	M WIDOWE		-EB.22, 1867	Q yn.	Doys Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	ign country) 12. (CITIZEN OF WHAT COUNTRY
١	EXECUTIVE IN	4SURANCE	MARYLANI	0	U.S
V	13. FATHER'S NAME	r_	14 MOTHER'S MAIDEN NAME		
/	GEORGE WHEE	CER	MARTH	A THATCHE	R
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 : (Yes, no, or yoknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	۸ .
J	No	IKO	BERT N. WHEEL	. ER	HBOUE
1	18. CAUSE OF DEATH [Enter only one couse per lin	ie for (o), (b), and (c)]	1		INTERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cute Card	was tireless	el	•
	Had. DUE TO	4. 21	1. 11	1	
	Conditions, if ony, which) (b) Hrl	erco - Setero	the (-Va	weel	10 yes
	gove rise to immediate couse (a), stating the under-	0	7 4.	1	7
i	tying couse lost. (c) C2	Merculyed	Helles - Si	cleroses	20/19
	PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTINGATO DEATH BUT N	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	5				YES NO
	PART 17. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LRIBE HOW INJURY OCCURRED.	, (Enter noture of injury in Port I i	or Port II of Hem 18 J	
	=	NJURY OCCURRED 20e PLAI	CE OF INJURY [Home, form, 20f	(Cibe en Inne)	15
	O Hour o.m. While	Not white focts	ory, street, office bldg , etc)	(city or town)	(County) (State)
		4/	2000	حارصو	
	21. I certify that I attended the decease	1-13	, 19.29, to 16-		I last saw the deceased
	alive an 1913	2.7., and that death		from the causes and an ESS (Street, city or town, state)	the date stated above
	ACTUAL TO THE STATE OF THE STAT	-	700 201. 21	Sa (Situe), City of Town, Store)	1/21/50
1	SIGNATURE THE STATE OF THE STAT	, M	D. 22016-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	enailte.	
	PHYSICIAN'S NAME (Type) VOS. A. SEJA	ACK	10wson 4	mel	,
	220 BURIAL CREMATION, 27b. DATE THEREOF	22 NAME OF CEMETERY OR	CREMATORY 22d	LOCATION (City, fown, or county	' '
	BURIAL 12-2-57	PROSPECT	HILL -	70W50N	MP
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY 9	REGISTRAR 24b. REGISTRAR'S	SIGNATURE
П	HILL JENKINS & VINS LO	.4905 NOV KD	DALTO DATE FED 3	150	0 40

may be retained by the hospital or offending physician.

TO FUNERAL Difference After this certificate has been signed by the attending physician and campletely filled in by yneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

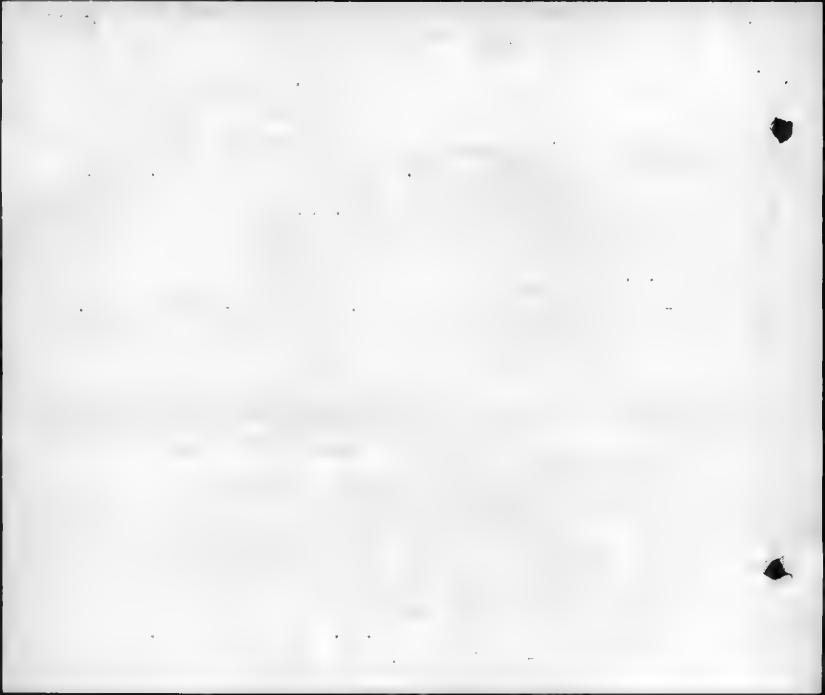
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

200

00392

		UUK	CLKIII	CAIL	OI DEAII	•		Reg. Dist. N	No.	
1. PLACE OF DEATH				2 US	UAL RESIDENCE (WI	here deceased (i	ved. If institutio	in. Residence bi	efore odmiss	non}
o. COUNTY Ralti	mo 150		MARYLA	ND O.	Md.		P. COUNTA	Baltime	ore	
b. CITY OR TOWN (byoutside corporate limi	ts, write	LENGTH OF STAY IN	JRAL and give		e)				
RURAL and give in	eorest town)	-	4	0	· Box	terrin				,
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street od	dress)	41 '	STREET ADDRESS	3.0			e IS RES	PARM?
705 TI	nornwood Co	urt			705 Thorn	wood Co	urt			NO 🗌
3 NAME OF DECEASED (Type or print)	ALEX	ÄNDER	Middle M.	WHI	TE test	4. DATE OF DEATH	Jar		23.	Year 55
5 SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1 YE	-	
male	white	WIDOWED	DIVORCED [Sep	t. 7, 187	3	85 yrs.	Months Day	s Hours	Min
IDo. USUAL OCCUPATE during most of wor	ON (Give kind of work i	done 10b. Ki	ND OF BUSINESS OR	INDUSTRY 11	BIRTHPLACE (Stote	or foreign coun	niry)	12 CITIZEN	OF WHAT	COUNT
-		td	Grocery St	ore	Delawar	0				
3. FATHER'S NAME				14 /	AOTHER'S MAIDEN I	NAME				
Wm. S. I	White				unkn	own				
	ER IN U. S. ARMED FOR	CES? 16 SC	CIAL SECURITY NO.	17. INFORM	ANT		Addi	ess		
-	in total are not in one or .		none	Mrs.	Paul Phi	llips -	705 The	ornwood	Rd.	
18. CAUSE OF DE.	ATH [Enter only one co	use per line	for (a), (b), and (c).]					[1]	NTERVAL BE	TWEEN
PART I. DE/	ATH WAS CAUSED BY:	. 0	Cute &	9 197 122	m Oc	cher	-	o	NSET AND	
420.1	DUE TO			-					7	
Conditions, if a	ony, which)	Ü	terrelen -	4 3	Carlin	reaction	, Eur		223	
gove rise to i	immediate (× 1/047== 44 64		200,	, , , , , , , , , , , , , , , , , , ,			7	
lying couse lost.		1								
PART 11. OT	HER SIGNIFICANT CON		NTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERM	INAL DISEASE C	ONDITION GIVE	EN IN PART 1(0	19. WAS	AUTOPSY
E C	Erebral.	arles	ioneleron?	Z.						RMED?
PART II. OT	AS UNDERLYING		IBE HOW INJURY OCC		noture of injury in	Port I or Port II	of item 18.)		177 144	
(IF EITHER, NOTIFY	CAUSE OF DEATH									
20c TIME OF INJUI	RY Month, Day, Yes	r 20d. INJ	URY OCCURRED 20	e. PLACE OF	INJURY (Home, forn	, 20f. (City or	lown)	(Coun	lyì	{State
Haur o.m.	19	White of work	Not white	factory, si	eet, office bldg., etc	-)			•	
			- 5	1	1050 0	2 . 7 2	50			
11.	nat Lattended the	deceased			1958, to 9					
alive an	ore se ;)	, 19.2.5	, and that de	eath occu						
ACTUAL	13/2	10 6	7		70 11-	CALL A	Rd Ba		12 6 1	ATE SIGN
SIGNATURE	-your war		7	M D	-12/3	Free.	700,00	Vilains	4. 7d	year, I
PHYSICIAN'S									·	
NAME (Type)	Look over extreme	- 1								
REMOVAL (Specify)	ON, 22b. DATE THEREO		22c. NAME OF CEMETE				N (City, town, o		(Stol	e)
Burial	1-25-5	9	Wicomico	Mem. P			bury, Me			
23. FUNERAL DIRECTOR # ## Hill &	's signature Johnson	Sall	ADDRESS			D BY REGISTRA	R 24b REGIS	TRAR'S SIGNA	TURE	
DATE OF C	ACITIOON -	281	isbury, Md	•	DATE 2	3 '53		0 1-		



			41		CERTIFI	CAI	E OF DEA	VIII	Reg. Dist. No.				
	1. PLACE OF DEA		County		MARYLAI		USUAL RESIDENCE o STATE คพูบไละ (d fived. Il institution of COUNTY		e belgre od	mission)	
		give negrest t	le carporate limit awn)	ls, write	c. LENGTH OF STAY IN	16	, 1	(II autside carp	orate limits, write R	URAL and gi	ve neorest f	own)	
	d. NAME OF I	HOSPITAL (III I	not in haspital, g				d STREET ADDRES		r 1 Rd.] 0	RESIDENCE NA FARM?	
	3 NAME OF DECEASED (Type or print)		Fin		Middle Marv		hite	4. DATE OF DEATH	Mon		Day	Year	
	5 SEX Femal	6. CC	22		RIED NEVER MARRIED	7.1		Le74 V\$72	9 AGE (In years lost by though	IF UNDER T	YEAR IF U	NOER 24 HRS Min.	
	10a USUAL OCC during most	al working life	re kind of work of even if refired)	lane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (<u> </u>		ZEN OF WI	IAT COUNTRY	
	A3. FATHER'S NA	ИE				11.	MOTHER'S MAID						
	? Gar	side					77/27	c /m					
	15 WAS DECEAS (Yes no or unknown)		S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	MANT S.AJISA	Hopask	Add	4 3	,	٦ ١.	
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). Arterics ferofic Correlio Vascular Disagra Conditions, if any, which gave rise Ia immediate cause (a), stating the under: Lying cause lost. (c)										INTERVAL ONSET A	BETWEEN ND DEATH	
r	200 ACCIDE OR CONTRIB	NT WAS UND	ERLYING [] USE OF DEATH		CRIBE HOW INJURY OCCU					EN IN PART	PE	AS AUTOPSY REORMED?	
	20c TIME OF	INJURY MEDIC	AL EXAMINER) nih, Day, Yea	While			OF INJURY (Home, street, affice bldg.		y or tawn)	(Co	ounty)	(Slate)	
	21. I certi alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type	S	Will D	deceas	×	eath ac	. 19 3 7, 10 curred at 2:	SPM, fra	m the causes a street, city or town, e SE	ad an the			
	22a. BURIAL, CRE REMOVAL (S		ь. date thereo ./6/59	F	22c. NAME OF CEMETER		EMATORY Sau, N.Y		TION (City, lawn, o		rk	State)	
	23. FUNERAL DIR			n, I	ADDRESS Inc.1050 V	r'c		REC'D BY REGIS		TRAR'S SIGI	-0		

may be retained by the haspital or attending physician.

TO FUNERAL DI COR. After this certificate has been signed by the attending physician and campletely filted in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the majstrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page # VS A15 (4) 15M 9/55

. . .

e. IS RESIDENCE ON A FARM? YES THO T

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) timore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yeor Doy 19 59 IF UNDER 3 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWECH ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO. 4 (County) (State) 195 7, that I last saw the deceased AM, from the causes and an the date stated above ADDRESS (Street, city or town, state)

Charles F. O'Donnell-M.D. NAME (Type) 224 BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)

PHYSICIAN'S

23...FUMÉRAL DIRECTOR'S SIGNATURE

22 DIAME OF CEMETERY OR CREMATORY

ADDRESS

24a. REC'D BY REGISTRAR

22d. LOCATION (City,

With the

DATE

245 REGISTRAR'S SIGNATURE WI D. I VAMA

ar country

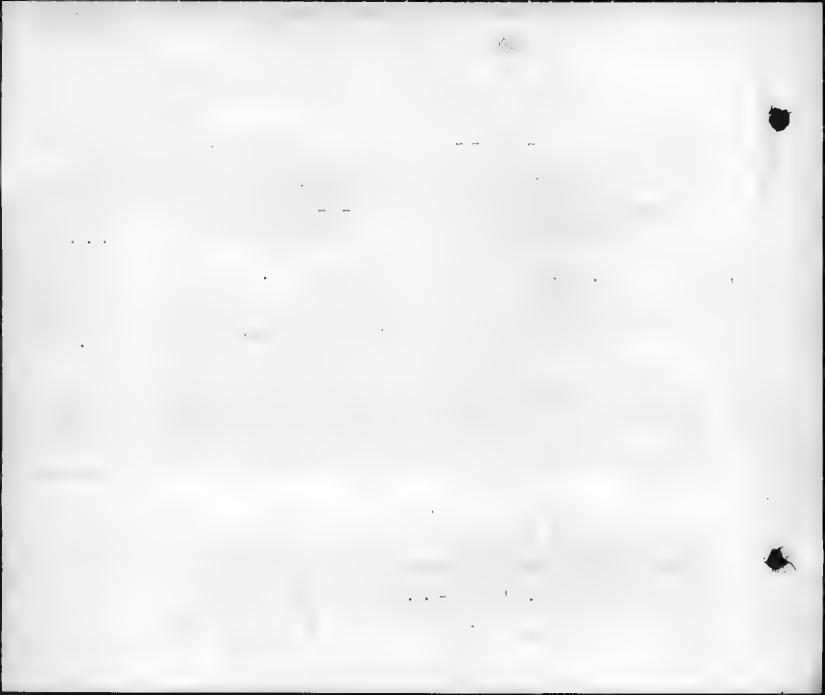
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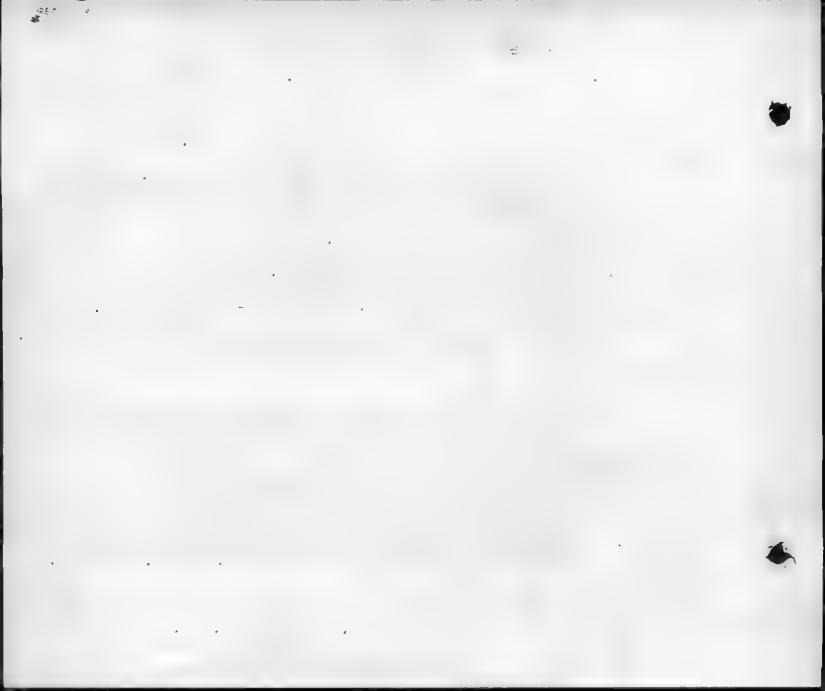
VS A15 (4)

15M 10/57

may be n FUNER/ page 3 st

O





ATTENDING

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e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS

Reg. Dist. No.

·V	L	CERTIFICATE OF DEATH	Reg. Dist. No.
M)	1.	PLACE OF DEATH o. COUNTY Baltimore Co., Relay, 27 MARYLAND 2. USUAL RESIDENCE (Where deceased lived if in b. co	
	H	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, w	rrite RURAL and give nearest town)
	Г	RURAL and give nearest town Davidsonville, A.A.	Co. Md.
2		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDE
37		Relay Hill Hospital, Relay 27, Md.	YES N
	3.		Month Day Year
		(Type or print) Annette Steuart Pittman Wise OF DEATH Ja	anuary 21 19
	5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In lost birth	day)
		Female White WIDOWEDS DIVORCED July 5, 1865 93	уп. 6 16
	10	On. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT CO
_	L	nousewife Davidsonville, A.A	. Co MA. U.S.A.
111	13	3. FATHER'S NAME	
	L	William Donaldson Steuart Mathilda Montell	
	115	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2918 P.	Sty N.W. Dupont
		no NONE Son: E.W. Pittman- Washing	ton, D.C. 7-9012
	L	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWI
		PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) Cerebral thrombosis	9 days
		422,1 DUE TO	
		Conditions, if any, which (b) Arteriorsclerotic cardio-vascular diseas	se many yea
		couse (o), stoting the under Corobrol tracellar secident	12-156
	12		
p)	CATION	The state of the s	PERFORMI YES N
	1 5		
	12030	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item I OR CONTRIBUTING CAUSE OF DEATH OF ITEM I OF	
	180	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County)
	AMEDI	Haur o. m. While Not while foctory, street, office bldg., etc.)	
	1	21. I certify that I attended the deceased from Oct 1st, 1953, to Jan 21, 1	0 C9 that I last saw the de
		alive on	
		ADDRESS (Street, city or	town, slotel DATE
		SIGNATURE M.D.	1/2/5
,			La company of the com
- 1		PHYSICIAN'S Lewis P. Gundry, M. R. Relay, 27, Md.	
	2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 1)	fown, or county) (State)
	L	cremation JAN, 26-1919 Greek Mount Cemetery Baltin	nere-md.
	23	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS CI & 249, REC'D BY REGISTRAR 246.	REGISTRAR'S SIGNATURE
		Stewart & Mowen Co- 108 W. North Av. Balton- DATE 18 2 3 159	Same waste

12. CITIZEN OF WHAT COUNTRY? ian country) lle, A.A. Co Ma. U.S.A. ntell P. St. N.W. Dupont Washington, D.C. 7-9012 INTERVAL BETWEEN ONSET AND DEATH 9 days ar disease many years 12-156 ISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO or Port II of item 18.t (City or town) (County) (Stote) 19.59, that I last saw the deceased from the causes and on the date stated above. SS (Street, city or town, state) DATE SIGNED (State) EGISTRAR 24b, REGISTRAR'S SIGNATURE 3 '59

15M 9/55



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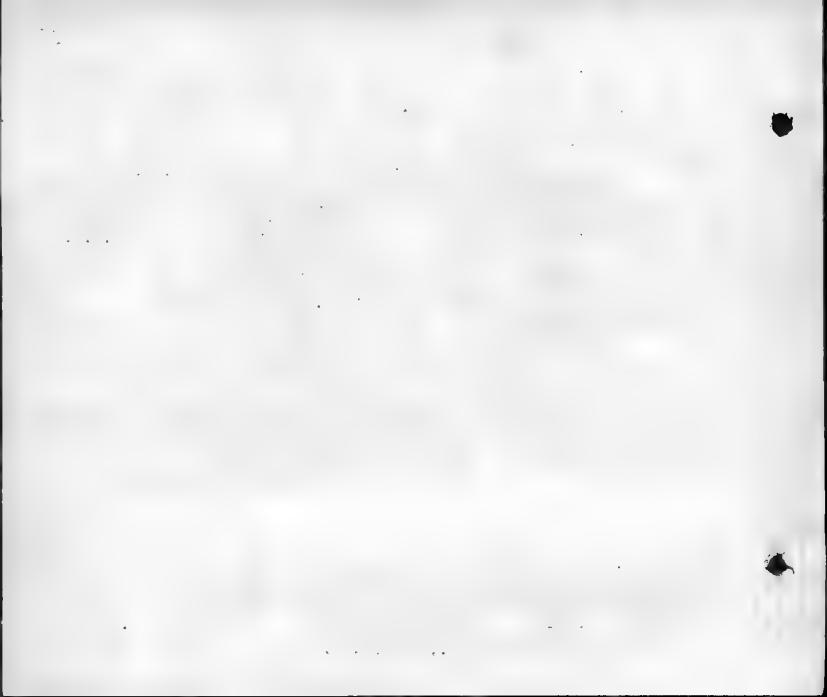
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requires that the death certificate be executed within 24 hours after death. Page 4

VS ATS (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

PARTE OF DEATH			į.	406	Ci	ERTIFIC	ATI	E OF DE	ATH				Reg. Dist	. No.	
Baltimore b. C.TY OR TOWN (If evaluate carporate lim h., write b. C.TY OR TOWN (If evaluate carporate lim h., write c. CENGTH OF STAY IN 1b TOWS ON 4 d. NAME OR HOSETIAL (If not in hospital, give street oddress) TOWS ON CONVAILES ENT. TOWS ON CONVAILES ENT. TOWS ON CONVAILES ENT. First Modile Bta Wishard d. STREET ADDRESS Lot 1 Lot 1 Lot 2 Lot 2 A. DATE Monih Day Year TOWS ON CONVAILES ENT. First Modile Etta Wishard Death 1-27-59 19 Year TOWS ON CONVAILES ENT. Both Hosetial P. ACE (in years. Fell work) Monih Day Houris Female White Whole Whole Whole Whole Bta Wishard P. ACE (in years. Fell work) Monih Day Houris P. ACE (in years. Fell work) Monih Day Houris Monih Day Houris P. ACE (in years. Fell work) Monih Day Houris P. ACE (in years. Fell work) Monih Day Houris P. ACE (in years. Fell work) Monih Day Houris Monih Lot 1 Lot 1 Lot 1 Lot 2 P. ACE (in years. Fell work) Monih Day Houris Monih Day Houris Monih Lot 1 Lot 2 P. ACE (in years. Fell work) Monih Day Houris No. P. ACE (in years. Fell work) Monih Day Houris Monih Lot 1 Lot 2 P. ACE (in years. Fell work) Monih Day Houris Monih Lot 1 Lot 2 P. ACE (in years. Fell work) Monih Day Houris Monih Lot 2 P. ACE (in years. Fell work) Monih Day Houris Monih Lot 2 P. ACE (in years. Fell work) P.	1 PLA	CE OF DEATH					2	USUAL RESIDENCE	CE (Whe	ere deceased			n: Residenci	e before ode	issian)
REPART ON give negretal town) TOWSON 4 12 YPS. Monkton (Rural) d. NAME OF BOSPITAL (If not in hospital, give street address) O'R INSTITUTION TOWSON CONVALESENT HOME 2. NAME OF BOSPITAL (If not in hospital, give street address) O'R INSTITUTION TOWSON CONVALESENT HOME 2. NAME OF BOSPITAL (If not in hospital, give street address) O'R NAME OF BOSPITAL (If not in hospital, give street address) TOWSON CONVALESENT HOME 2. NAME OF BOSPITAL (If not in hospital, give street address) O'R Month Doy Year DOY YES ON A FARMY YES ON	0. 0	Be	altimore			MARYLAND		Mary	ylan	nđ	ь. С	OUNTY	Bal	timor	е
d. NAME OF PORT HORNOR (If and in hospital, give street address) J. NAME OF DOCK CONVAILEMENT HOME 2. NAME OF DECEASED (Type or print) Lieu Etta Wishard J. DOATE OF DOCK ASKED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1-27-59 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) If LINDER 12 KAR IF LINDER 24 KHS Min. Mi	Ь. C	ITY OR TOWN (If	outside carporate lim	its, write	c LENGTH O	F STAY IN 16		c CITY OR TOW	'N (If or	utside carpar	ate I mits,	write RU	RAL and gi	ve nearest to	wn)
TOWSON CONVAILEMENT HOME 2. NAME OF CLEASED COLOR OR RACE First Middle Latt 4. DATE DAY Per DEATH Latt DAY Per DEATH Latt DAY Per DEATH Latt DAY Per DAY Per DEATH DAY Per DAY DA		Tows	on 4			yrs.		Monkton (Rural)							
TOWSON CONVAIESENT HOME 2. NAME OF DECEASED First Middle Btta Wishard 4. DATE DECEATION DECEATION DECEATION DECEATION DECEATION DECEATION DOT TOWSON DOT TOWSON Lieu Btta Wishard ADATE DECEATION DOT DOT TOWSON DOT DOT TOWSON DOT TOWSON DOT TOWSON First Middle Btta Wishard Doy Yeo Doy None Do Dath Doy House Maniha Doy House Min. Doy House House Tall House Tall Tonge Tall House Tall Tonge Tonge Tonge Tonge The House Tonge Tong	g. N	IAME OF HOSPITA	L (If not in haspital,	give street o	oddress)			d. STREET ADDR	ESS					e. IS F	ESIDENCE A FARM?
S. SEX			_Convale	esent	Home									YES	ON O
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IEUNDER 174 APRIL DE 724 APR 100	3. NAA	AE OF EASED	Fi	rst		Middle		Last				Manth		Day	Year
Female white WIDOWED X DIVORCED 12-27-1872 86 yrs Manifes Days Manifes	(Тур									DEATH					
Temale White WIDOWEDX DIVORCED 12-27-1872 86 yrs	5. \$EX		6 COLOR OR RACE	7. MARR		_	B. D.	ATE OF BIRTH	_		last bir				-
HOUSEWIFE HOUSEWIFE HOME IIIInois U.S.A. 3. FATHER'S NAME Eli Conger S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO (17 yes, give and or didite of verwell) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate course logi. Storing the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERRORMED? YES OR CONTRIBUTING CAUSE OF DEATH (Either only work and or course) OR CONTRIBUTING CAUSE OF DEATH (Either only work and or course) While Course of Country, street, affice bidg, etc.) While Not while of work affice bidg, etc.) While Not while of work affice bidg, etc.) OR CONTRIBUTING Country (Country) While Not while of work affice bidg, etc.)	-				44		1	2-27-18	372		4	yrs			
BIT CONCET IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO TO DEBUTE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH IJER NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of 1 tem 18.) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Caury, street, affice bldg, etc.) Part (c) County) (State)	19a US du	ring most of warks	N (Give kind af work ng life, even if retired	done 106 1	KIND OF BUSI	NESS OR IN	DUSTRY	f			untry)				
Eli Conger 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and [c]] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse [o], stating the under- lying cause last. Conditions Contributions Contributions Contributions Contributions Contributions Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR ACCIDENT WAS UNDERLYING OR CONTRIBUTIONS CONTRIBUTIONS COURRED (Enter nature of injury in Part I or Part II of	30 547		sewife		home]	U.S.A	•
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? It's year, given war or dotted of serviced in the control of the control of serviced in the control of the control of serviced in the control of the control	J. FAII		-				14			_					
Ten no. or unknown (if yes, give war or doties of service) NONE Elsie W. Curley above	16 14/4				SOCIAL SECTION	117V NO [17	INIGO		ora	n La	.ke	8 4 4 4 4			
18. CAUSE OF DEATH Enter only one cause per line for (a) (b), and (c)									M			_			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (b), that the property of the	Lin		me fr.				ELS	16 W. (our.	теу		apo	ve	LANDERMAN	O-Platera
DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO Lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) factory, street, affice bldg, etc.) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) factory, street, affice bldg, etc.) 201 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) factory, street, affice bldg, etc.)	IB.		•	ause per lin	e for (o) (b),	and ic)	D	er enan e	61.		5-				
Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 201 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 202 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 203 TIME OF INJURY Month, Day, Year 204 INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 204 TIME OF INJURY Month, Day, Year 205 INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 205 TIME OF INJURY Month, Day, Year 206 INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	,		IMMEDIATE CAUSE (mu	we	1	Levry /	per	nu	in			5	13
DUE TO Some course (a), stating the under- Some course (b), stating the under- Some course (c)		b		Pas	Tend	no li	1	an CR	11	1. 1	crui	luc	liver.	100	41104
Course (a), straing the under last. Course			mediate	6) 000	roug /		UPA	co ca	100	ee c	- J	- en	copies		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) 200 TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (State) While Not while of work	1	4 41 W	ne under-		·										
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work at wor	-				ONTR BUTING	TO DEATH B	UT NOT	RELATED TO THE	E TERMIT	VAL DISEASE	CONDITI	ON GIVE	N IN PART	1(a) 19. WA	S AUTOPSY
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work at wor	ATK													PER	FORMED?
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work at wor	E 20c	ACCIDENT WAS	UNDERLYING [20b. DESC	CRIBE HOW IN	JURY OCCUR	RED. (Er	nter nature of inju	ury in P	art I or Part	Il of Hem	1B.)			
		EITHER, NOTIFY	LI CAUSE OF DEATH MEDICAL EXAMINER)												
	₹ 20c		Month, Day, Ye		NJURY OCCUR	RED 20e	PLACE	OF INJURY (Ham	e, form,	20f (City	ar tawn)		(Cr	aunty)	(State)
	WED		17 19		Nat while		taclary,	street, affice bld	lg , etc.)	<i>Y.</i>]		_	,		
The court of the decease the decease the decease the decease the decease			ul allandad the	decease	ad fatilik			1079	1	an		18 /	that I la	net consenth	o docease
alive on 21 A 10 An., 19 1, and that death accurred at 6 A. M, from the causes and on the date stated above		, ~ \	P 1 10 11	10		d that dea	th ac	curred or PE	1/1	M fram	the co				
ADDRESS (Street, c)tylor lown, state) DATE SIGNE		,	775	Ç-,	1.1	y 11101 000	, , , , , , , , , , , , , , , , , , ,		The same of the same of			0 5		1	
SIGNATURE Walder 1. Teles M.D. (& CRESSVILLE 2) Jan 195	AC	TUAL NATURE	Nalder	11 0	1/10	20	MID	(0)	301	CLUSU	relle	7	2-1	Ja	1195
(1. 1 1/55)			1.1.1	}		VE				me after	11		1/	1	
PHYSICIAN'S NAME (Type) Walter / KEE> Mary auch	PH NA	TSICIAN'S	wal 1	w		1 - 5	22	·			101	ary	11a	ud	
22d BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Iown, or county) (State)	22a BL	IRIAL, CREMATION		_										(5	late)
Burial 1-30-59 Monkton Methodist Monkton, Md.				9											
23, FUNERAL DIRECTOR'S SIGNATURE 622 YORK Rd., TOWSON4, Md. 240 REC'D BY REGISTRAR 246, REGISTRAR'S S GNATURE	23 FUN	HERAL DIRECTOR'S	SIGNATURE 62	2 You	ck Rd	Tows	on4	.Md . 240	REC'C	BY REGISTI	RAR 24	b. REGIST	RAR'S S G	NATURE	
H. ACECU Green 18 thanks	4.4	CC 11 6256	10 110					DA	TEJAN	3 0 '59		Circle	ma 8 \$	Sand-	



00399

407 CERTIFICATE OF DEATH

Reg. Dist. No.

- 1-		X U	4						Keg. Dill. 14	0.
	PLACE OF DEATH			MARYLANI	A STATE			I lived. If institution		
-		IMORE	20.			IARYL				IMORE
ı	RURAL and give nec	outside corporate limits, prest town)	write	c. LENGTH OF STAY IN 11		•	•	rote limils, write R	URAL ond give n	eorest town)
	BALTIMO			3Month		TIMO	RE			
ı	d NAME OF HOSPITA OR INSTITUTION	LL (If not in hospital, give	street od	idress)	11 /	d. STREET ADDRESS • IS				
ļ	7819	ELMHURST	AVE	WE	78	9 ELI	MHURS	T AVENU	E	YES NO 🔼
1	3. NAME OF DECEASED	First		Middle	Lo	ist.	4. DATE	Мол	th C	Day Year
1	(Type or print)	GEORGE	WOI	JF			OF DEATH	JANUA	RY 1	9,1959
	5. SEX	6 COLOR OR RACE 7	MARRIE	D NEVER MARRIED	B DATE OF BIR	ТН		9. AGE (In years last birthday)	IF UNDER TYEA	
I	male	white w	/IDOWED	DIVORCED [DEC.1	5.1879	9	79 yrs.	Months Days	Hours Min.
ſ	100. USUAL OCCUPATION	N (Give kind of work doring life, even if retired)	ъе 10b. КI	IND OF BUSINESS OR IN	DUSTRY 11 BIRTH	LACE (State	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY
1			T RE	ED CE	BAI	LTIMO:	RE MA	RYLAND.	US	Α
	13 FATHER'S NAME		<u> </u>		14. MOTHER					
١	AUGT	IST WOLF				ELT	ZABET	H KNICK	MAN	
Ĭ	15 WAS DECEASED EVER	IN U. S ARMED FORCE		OCIAL SECURITY NO 17	. INFORMANT		د سربېږد	Add		
	(Yes no, or unknown) (f	f yes, give wor or dates of servi	(a)		MRS COR	SHE	LTON	7819 E	ELMHURS	T AVENUE
		TH [Enter only one couse	per line	for (1, (b), and (c)]		0,	, [TERVAL BETWEEN
ł		H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Coro	nar	1	HIA.	5 Breek	Mico	13EL VIAO DEVIN
ł	4001	DUE TO					700	0000		
ı	Conditions, if on	y, which) (b)_		hard.	[.]	. /	I(I)	1 11	4	, 1
	gove rise to immediate couse (o), stoting the under-									
1	tying couse last. (c)									
١	PART II OTHI		TIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY
1	PART II OTHI									PERFORMED? YES NO
	E 200 ACCIDENT WAS	UNDERLYING [] 20	b. DESCR	IBE HOW INJURY OCCUR	RED. (Enter noture	of injury in F	ert For Por	I II of item 18)		
		MEDICAL EXAMINER)								
1		Month, Day, Year	20d. INJ	URY OCCURRED 20e.	PLACE OF INJURY	(Home, form,	20f. (City	or town)	(County	(State)
ı	Hour o, m.	19	While of work	Not while	factory, street, offic	e bldg, etc	1			
ı		N. L. and J. al. al. al.			6 10 5	9.	4	10/ 10/		
-	21. I certify the	attended the d	eceasea	4 .1 .		7 A	June			saw the deceases
	alive on	1944-4-8 fm	1	and mar dec	ith accurred at			reef, mity or town	A	ate stated above
	ACTUAL V	工一	1	DIAN .		24	(1)		store;	VALE SIGNED
.	SIGNATURE	-0-10-		chriton	_ M.D	V-4	1.4.4.	GREW	ulu-	- AAVE.
4	PHYSICIAN'S NAME (Type)	ム・は、こ	16	EVENS	-8		129	attin	18 ×	13 W
f	220. BURIAL, CREMATION	1, 226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		228 LOCA1	ION (City, town, o	or county)	(Slote)
	BURIAL (Specify)	1/22/59		WOODLAWN	CEMETER	Y	BAT	TIMORE	COLINTY	MD
	23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		-	BY REGIST	RAR 245. REGIS	STRAR'S SIGNATI	
	PENDY GAR	THE P. CON	id Ti	NC BALTIMO	OM THE	DATE JA	N 2 2 '5	9 an	Thur S. Fire	uu.A.
li-					1111					

uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or altending physician.

TO FUNERAL DE FOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should or detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld, the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death.



Reg. Dist. No.

408

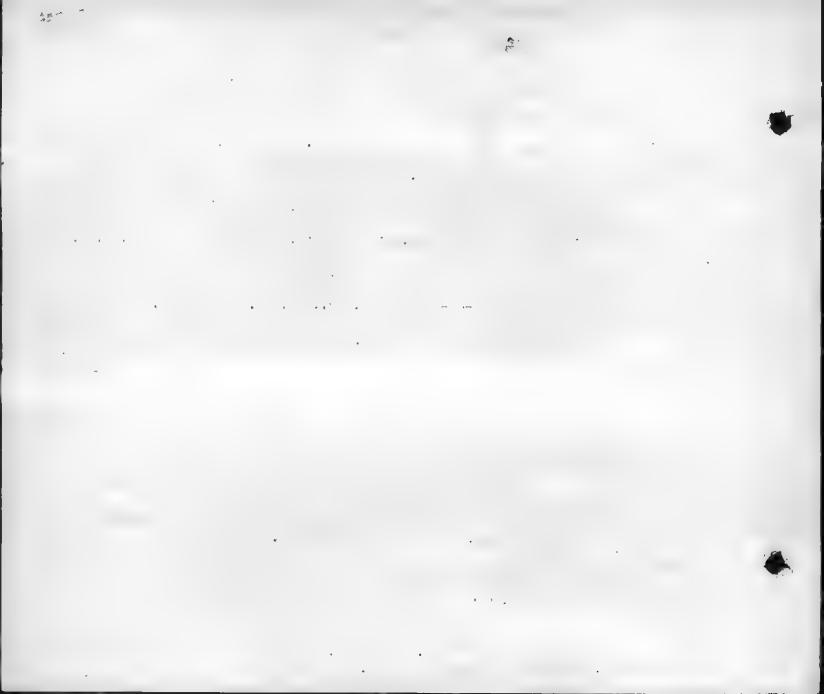
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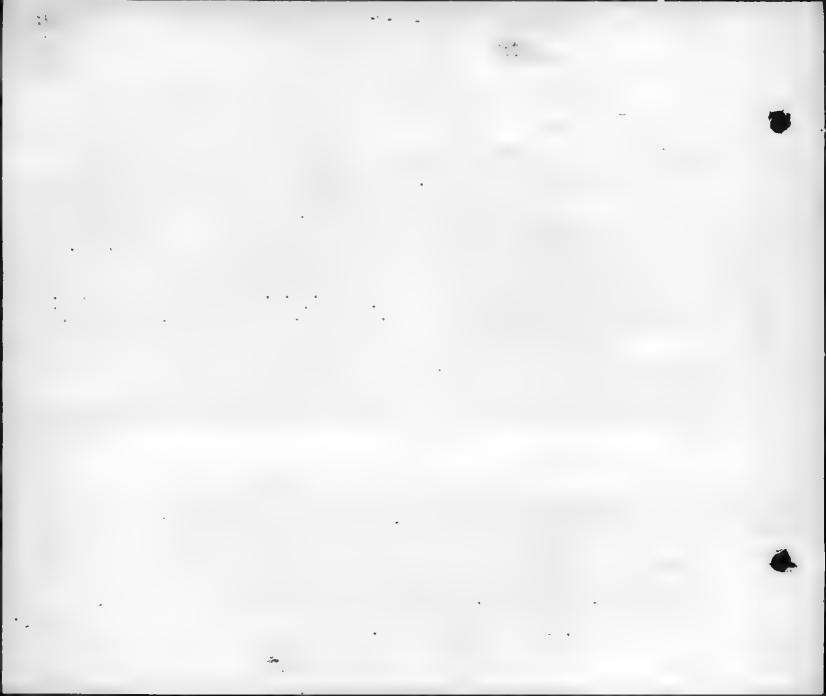
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	2	-	-	and the	

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY b. COUNTY
b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Fort Howard 417 Days	Baltimore 2 Vol. 4.
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
Veterans Administration Hospital	12 N. Mount Street
3 NAME OF First Middle DECEASED (Type or print) WILLARD E.	WOODS 4. DATE Month Doy Year 19 19 50
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 DIVORCED DIVORCED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 72 MRS
10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND. Laborer- Unemployed Frieght Company	
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Thomas Woods	Pearl Woods
IVes on neurolanus . When you are detected and the second	INFORMANT Address
Yes No. or unknown) If yes, give wor or dates of service 213-20-9755 C.	lin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ACUTE PULMONARY	EDEMA 21 SELATION OF STATE
3 7. XXXXX PNEUMONITIS	UNKNOAN
Conditions, if any, which) dueto COLLAGEN DISEAS	E 1 / YMARS
gove rise to immediate (Due To	
lying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
\[\frac{1}{2} \]	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 6 or Port 11 of item 18.)
	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) 20f. (City or town) (County) (Slote)
21. I certify that attended the deceased from October	29 , 1957 , to January 19 , 1959 , 196000000000000000000000000000000000000
a de	h occurred at 7.205P. M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE CHEM Who tan	MD VAH. FORT HOWARD, MARYLAND 1/20/59
PHYSICIAN'S CHIEN WEI LAN, M.D.	
720 BURIAL CPEMATION, 226. DATE THEREOF 220 NAME OF CEMETERY C BURIAL (Specify)	tional Cemetery Baltimore, Maryland (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE 1808-155 N. Mon	roe St. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Arlington S. Phillips Baltimore 17.	1. JAN 4 (+3) 44 A 714 144

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

S FUNERAL DIM DR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIM VS A15 (4) 15M 10/57





Rea. Dist. No.

7		Keg, Dist. No.							
	1. PLACE OF DEATH BALTIMORE MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D O. STATE							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give marest town) A TONSVILLE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE 3 VO (-44)							
0	d. NAME OF HOSPITAL (If not in hospital, give street address) PINES OR INSTITUTION HOUSE IN THE	d. STREET ADDRESS 2 N. KOSSUTH ST e. IS RESIDENCE ON A FARM? YES NO.							
	3. NAME OF DECEASED (Type or print) ANGELO Middle	4. DATE Month Day Year OF DEATH JAN: 11: 1959							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH NOV. 5, 1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min. Min.							
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCE MERCHANT OWN,	STRY 11. 8IRTHPLACE (Stote or foreign country) 17ALY 12. CITIZEN OF WHAT COUNTRY? U.SA.							
1	13. FATHER'S NAME PHILIP ZANTI	14. MOTHER'S MAIDEN NAME							
/		NFORMANT HONY GLORIOSO RS ANTHONY GLORIOSO RS ANTHONY GLORIOSO							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Pneumonia, Hypost	atic, bilateral. Interval setween onser and death 5 days							
	Conditions, if ony, which) DUE TO Malnutrition.	7 months							
	gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO Carcinoma of tongue with bilateral metastases (c)								
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Tradiation reaction and ulceration of tongue from treatment of cancer YES NO								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter notuce of injury in Port I or Port II of item 18.)							
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)							
	21. I certify that I attended the deceased from APRILI alive on AN 1076, 1959, and that death ACTUAL SIGNATURE ROBERT 2. Berry	accurred a 2 2 MM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED							
/	PHYSICIAN'S Robert Z. DERRY, M.D.	m.u.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL (Specify)	REPORT 22d. LOCATION (City, town, or county) HEDRAL BALTO! MD:							
	23. FUNERAL DIR. 4101 EDMC	AVE. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ONDSON DATE JAN 1 4 159 Outling S. Hanne							

when the spiral ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the transport that the burial-transit permit. Then please remaye carbon papers. Pages I and 2 shapes the burial-transit permit. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the registrar prior to burial, cremation, or remayal, and in any event within 72 hause after death. page 3 shauld be detached for use as the burial-transit permit. may be retained TO FUNERAL DIN

eath. Page A

Tuneral director,

VS A15 (4) 15M 9/58

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15 -	- C	DTIELC	ATE	SE D	CATIT
411		RTIFIC		Jr V	EATE
A SEC MANAGEMENT	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original S				

Reg. Dist. No.

00403

1. PLACE OF DEATH a. COUNTY	Baltimor	e	MARY		2. USUAL RESID o. STATE	Mary Mary	ere deceased li	ved. If institution b. COUNTY	Residence bef	ore odmiss	ion)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest lawn) Ann	1.	LENGTH OF STAY	IN 16	c. CITY OR T		utside carporat	e limits, write RUR	AL and give no	earest low	1
d. NAME OF HOS	PITAL (If not in hospital, a		dress)		d. STREET AI				3-5-7-	e. IS RES	IDENCE
OR INSTITUTION	Armacost	A.7	. 17	2			ierrwo	od Aven	ue	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Mr Ph	ilin	Middle		7in	2	4. DATE OF DEATH	Month Janu		K 4	Year 19 5 9
5. SEX	6. COLOR OR RACE	7. MARRIED	MEVER MARRIE	B 8.	DATE OF BIRTH	1	9.	AGE (In years	UNDER I YEA		-
male		WIDOWED	DIVORCE		May 29	7, 18	884		Months Days	Hours	Min,
10o. USUAL OCCUPA	TION (Give kind of work orking life, even-if retired	done 10b. KIN	ND OF BUSINESS O	R INDUST	RY 11 BIRTHPL	ACE (Slole	ar foreign cour	stry)	12. CITIZEN	OF WHAT	COUNTRY?
Retired	Elec (na.	'	Self Em	מו	Bali	timon	ie, Ma	ryland	U.S	14	
13. FATHER'S NAME			0		14. MOTHER'S	MAIDEN N	IAME	0	-		
Gustar	A. Zipp				Anna	Dusm	nan				
15. WAS DECEASEDE	VER IN U. S. ARMED FOR		CIAL SECURITY NO.	. 17. INI	ORMANT			Addres	5		
(Yes, no or unknown)	(If yes, give war or dates of	es.vice)		M	s. Ann	na Zi	pp,		same		
	EATH (Enter only one co	ouse per line l	far (a), (b), and (c).							TERVAL BE	
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 10	ronde	10-	- pri	um	onia			2 de	aus
350	DUE TO	-			1						0
Canditians, if		1.10	creen	200	nos &	Die	unce		,	de con	urs
gave rise to cause (a), statin											
lying cause los		.)									
Z PART H. C	THER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIVEN	IN PART 1(o)	19. WAS	AUTOPSY
~	ruriose	uro	til He	wil	Desi	ease					RMED?
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	NAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OF	CCURRED.	(Enter nature of	injury in P	Part I or Part II	of item 18.)			
20c. TIME OF INJ	18	ar 20d. INJU While of work	Not while	20e. PLAC facto	E OF INJURY (Fory, street, office	lome, form, bldg., etc.	, 20f. (Cily ar	lown)	(County)	(State)
21. I certify	that I attended the	deceased	from Cur	2 2	1958	100	m. 1	4, 1959	that I last s	ow the	decensed
alive on	1 -	1950	-	1				the couses on			
00	755555555555555555555555555555555555555		7-7-, 0110 11101	death (occorred of			et, city or town, ste			ATÉ SIGNED
ACTUAL SIGNATURE_	snoran'	Quu	upr	M.	0. 43	-	11-	wid!	esc		
PHYSICIAN'S NAME (Type)	GEORGE	SA	WYER	m.	0	Bu	eto	14 m	X,	1/1	4/59
220. BURIAL, CREMAT REMOVAL (Special Distriction		9 2	Parkwoo	1	crematory		22d. LOCATIO Bal	n (city, lown, or timore,	/17	land	ej
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		9	240. REC'D	BY REGISTRA	R 24b. REGISTI	RAR'S SIGNATU	IRE	
Leonard	y. Ruck	5305 1	Harford	Road	d.	DATE JA	IN 1 9 '59	Ont	Jus S. Th	assa.	

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in By instituteral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, at removal, and in any event within 72 hours after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

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